ELECTRICAL SUBCODE
TECHNICAL SECTION

Open permit

Date Received
Control #
Date Issued 6/28/22
Permit # 2022200883

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

Block 1203.06 Lot 7 Qualification Code

Work Site Location 75 Orlando Dr.
Sicklerville, Nj 08081

Owner in Fee: Robert and Lori Ann Scott

Address 75 orlando Dr. (street) Winslow (municipality) 08081 (zip code)

Contractor: Bob's Climate Control LLC Tel. (856) 228-9400

Address 7 Jones Lane e-mail bcc1215@gmail.com
Sicklerville, NJ 08081

Contractor License Exp. Date

Home Improvement Contractor Registration No. or Exemption Reas

Federal Emp. ID # FAX: (856) 228-1942

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 300

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: 6/29/22
Approved by: HK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7.19.22
Approved by: HK

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7/18/22	
Barrier-Free				

Dates (Month/Day)

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: Robert Miller Jr

[ ] Licensed Electrical Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
replace 3 ton condenser /100,000 BTU 80% furnace

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	
0		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	
	4.6	HP Garbage Disposal	
1	4.6	KW Central A/C Unit	58
1	1.14	HP/KW Space Heater/Air Handler	58
		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 $	116
State Permit Surcharge Fee $	
TOTAL FEE $	

U.C.C. F120 (rev. 01/21)
Internet version

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Open permit

Date Received
Control #

Date Issued 2022008&3
Permit # 6/28/22

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

Block 1203.06 Lot 7 Qualification Code

Work Site Location 75 Orlando Dr.
Sicklerville, NJ 08081

Owner in Fee: Robert and Lori Ann Scott

Tel: e-mail:

Address 75 Orlando Dr. (street) Winslow (municipality) 08081 (zip code)

Contractor: Bob's Climate Control Tel. (856) 228-9400

Address 7 Jones lane e-mail bcc1215@gmail.com
Sicklerville, NJ 08081

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption

Federal Emp. ID # FAX: (856) 228-9400

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

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

Type: [ ] Hydronic [X] Hot Air

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

Estimated Cost of Mechanical Work $ 5,300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: 6/16 Approved by: PC
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 6/16/22
Approved by: PC

SUBCODE APPPROVAL for CERTIFICATE
[X] CA [ ] CCO
Date: 7/19/22
Approved by: PC

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other Final			7/18	LT

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: Robert Miller jr.

[✓] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace 3 ton condenser and 100,000 BTU 80% gas furnace

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	85
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
1	Other	

Administrative Surcharge $
Minimum Fee $ 85
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.

Winslow Township
402 Tansboro Rd
Berlin, NJ 08009
(609)567-0700 FAX *(856)767-0230*

Permit No. **201400988**
Control No. **88040145**
Block/Lot 1203.06/7
Date 9/12/14

Certificate of Approval

IDENTIFICATION

Block/Lot 1203.06/7
Work Site Location 75 ORLANDO DR

Owner in Fee/Occupant SCIOLE, MICHAEL A & LORRAINE M
Address 75 ORLANDO DRIVE
SICKLERVILLE, NJ 08081

Telephone
Contractor STEVE TUTTLE, PLUMBING & HEATN
Address 64 ABERDEEN DR.
ERIAL, NJ 08081-

Telephone (856)346-3889 FAX
Lic. No. or Bldrs. Reg. No. 8362- / /
Federal Emp. No.

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

REPLACE GAS WATER HEATER

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

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 to fine or order to vacate:

CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period (years); see file

CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

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

Herbert Leary, Construction Official

Permit Fee $ 128
Paid [ ] Check No. 14134
Collected by: FD

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 08-28-14
Permit # 2014000988

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

Block 203.06 Lot 7 Qualification Code
Work Site Location 75 Orlando Sicklerville NJ 08081

Owner in Fee: Lorraine Sciole

Tel. e-mail
Address 75 Orlando Sicklerville

Contractor: Steve Tuttle Plumbing (street, municipality, zip code) Tel. (856) 346-3889
Address 64 Aberdeen Dr Erial e-mail
Contractor License No Exp. D
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID N FAX: (856) 401-0277

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 $ 900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 8/26/14
Approved by PC

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			9/4/14	PC

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.

Steve Tuttle
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replacement GHWH

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	58
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge $	
Minimum Fee $	58
State Permit Surcharge Fee $	
TOTAL FEE $	

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 08-28-14
Permit # 201400988

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

Block 1203.06 Lot 7 Qualification Code
Work Site Location 75 Orlando Dr Sicklerville NJ 08081
Owner in Fee. Lorraine Sciole
Tel. e-mail
Address 75 Orlando Dr (street) Sicklerville (municipality) NJ 08081 (zip code)
Contractor: Steve Tuttle Plumbing Tel. (856) 401-0299
Address 64 Aberdeen Dr Erial NJ 08081 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):
Federal Emp. I FAX: (856) 401-0217

B. FIRE PROTECT ... CHARACTERISTICS

Use Group. Present Proposed Fire Alarm System: [ ] New OR [ ] Existing
Constr. Class: Present 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 $ 100

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. Lorraine Sciole
Applicant's Signature/Contractor's Signature
[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Hot Water Heater

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
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		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [✓] Gas or [ ] Oil	1	68-
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		68-
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 8/28/14 PC
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by: 9/4/14 PC

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				9/4/14 PC
Other				

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

Winslow Township
402 Tansboro Rd
Berlin, NJ 08009
(856)767-5500 FAX *(856)767-0230*

Permit No. **201101132**
Control No. **88036207**
Block/Lot 1203.06/7
Date 1/10/12

Certificate of Approval

IDENTIFICATION

Block/Lot 1203.06/7
Work Site Location 75 ORLANDO DR

Owner in Fee/Occupant SCIOLE, MICHAEL A & LORRAINE M
Address 75 ORLANDO DRIVE
SICKLERVILLE, NJ 08081

Telephone
Contractor FORTECH ELECTRIC
Address 165 FLINTLOCK DRIVE
LAKEWOOD, NJ 08701

Telephone (732)367-8324 FAX
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

GENERATOR

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 to fine or order to vacate:

CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period (years); see file

CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

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

Herbert Leary, Construction Official

Permit Fee $ 204
Paid [ ] Check No. CHECK
Collected by: CC

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11-2-11
Date Issued
Control #
Permit # 20110132

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NOW 1-800-272-1000.

Block 1203.06 Lot 7
Work Site Location 75 Orlando Drive

Owner in Fee Michael Scioli
Address 75 Orlando Drive
Sparta, NJ 07871

Contractor FAB TECH ELECTRIC
Address 165 Flintlock Drive
Lakewood NJ 08701
Tele. (732) 367-8324 Fax (732) 367-8322
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

13 KW Generator

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-9-11
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			12-9-11	
Barrier-Free				

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [✓] Other Generator

[ ] Demolition

FEE (Office Use Only)

$ 46

Administrative Surcharge	$	
Minimum Fee	$	46
DCA Training Fee	$	
TOTAL FEE	$	

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 1500
3. Total (1 + 2) $ _____

U.C.C. Fm6
(rev.2009)

rec 9/26/11

info@fortechelectric.com

Date Received 11-2-11
Control #
Date Issued
Permit # 20110132

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 1203.06 Lot 7 Qualification Code

Work Site Location 75 Orlando Dr. Sicklerville, NJ 08081

Owner in Fee: Michael Stiole

Tel. e-mail

Address

Contractor: FORTECH ELECTRIC (street) (municipality) Tel. (732) 367-8324 (zip code)

Address 105 Flintlock Dr. e-mail

Lakewood NJ 08701

Contractor License No. Exp. Dat

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

Federal Emp. ID Nc

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2000 —

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: YAAKOV FORCHHEIMER

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
16 KW Generator -

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	
1	16	KW Transformer/Generator	46
		AMP Service	
1	100	AMP Subpanels Comes with Transfer switch	58
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		TRANSFER SWITCH	

Administrative Surcharge	$
Minimum Fee	$ 104
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: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 9/25/11
Approved by: W D E

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 1-9-12
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	9/26	10-24-11	1-9-12	A
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

(1) Need Presoa Connectors for Alum to copper wire splices

(2) Need exterior metal Junction Box Grounded

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 20110132

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 1203.06 Lot 7 Qualification Code

Work Site Location Michael Sciole
75 Orlando Dr 08081

Owner in Fee: Michael Sciole

Tel. e-mail

Address 13 Orlando Dr. Winslow Twp
street municipality zip code

Contractor: Filan & Conner Plumbing LLC Tel. (856) 768-2888

Address 1044 Industrial Drive Unit 19 e-mail brianconner1@verizon.net

West Berlin, NJ 08091

Contractor License I

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

Federal Emp. ID FAX: (856) 768-0808

B. PLUMBING CHARACTERISTICS

Use Group Present N2C Proposed

Building Sewer Size 4" Public Sewer Private Septic

Water Service Size 1" Public Water Private Well

Est. Cost of Plumbing Work $ 1000

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: 12-14-11
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12-14-11
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures			12-14-11	
Gas Equipment			12-14-11	
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: Brian Conner

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Underground gas line from meter to outside generator

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	
1	Gas Piping	13
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge $	
Minimum Fee $	46
State Permit Surcharge Fee $	
TOTAL FEE $	

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

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

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Winslow Township
402 Tansboro Rd
Berlin, NJ 08009
(856)767-5500 FAX *(856)767-0230*

Permit No. **201101066**
Control No. **88035865**
Block/Lot 1203.06/7
Date 11/02/11

Certificate of Approval

IDENTIFICATION

Block/Lot 1203.06/7
Work Site Location 75 ORLANDO DR

Owner in Fee/Occupant SCIOLE, LORRAINE
Address 75 ORLANDO DRIVE
SICKLERVILLE, NJ 08081-

Telephone
Contractor RUNNEMEDE HEATING CO.
Address 39 N. BLACK HORSE PIKE
RUNNEMEDE, NJ 08078-

Telephone (856)939-4297 FAX
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

AIR CONDITIONING UNIT REPLACEMENT CONDENSATE LINE

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 to fine or order to vacate:

CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period (years); see file

CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

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

Herbert Leary, Construction Official

Permit Fee $ 107
Paid [ ] Check No. 1730
Collected by: SB

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 10/14/11
Permit # 20110106

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

Block 1203.06 Lot 7 Qualification Code

Work Site Location 75 Orlando Drive
Sicklerville NJ 08081

Owner in Fee: Lorraine Sciole

Tel. e-mail

Address 75 Orlando Dr Sicklerville NJ 08081

Contractor: Runnemede (street) PHCE (municipality) Tel. (856) 939-4299 (zip code)

Address 39 N. Blackhorse Pk e-mail
Runnemede NJ 08078

Contractor License No Exp. Date

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

Federal Emp. ID N FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 900

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: 8/9/11
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 10/28/11
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10-28-11	✓
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: Stan McErlean

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace 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	3.9	KW Central A/C Unit	58
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 2
TOTAL FEE $ 60

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 10/14/11
Permit # 20111010664

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

Block 1203.04 Lot 7 Qualification Code

Work Site Location 75 Orlando Dr
Sicklerville NJ 08081

Owner in Fee: Lorraine Saiolc

Tel. [redacted] e-mail

Address 75 Orlando D Sicklerville
street municipality zip code

Contractor: Rainmaker PHCE Tel. 856 937 4299

Address 39 N. Blackhorse Pk e-mail
Runnemede NJ 08078

Contractor License No. Exp. Date

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

Federal Emp. ID 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 $ 800

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: 8-5-11
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10-28-11
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			10-28-11	

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: Jeffrey G Stanch

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Run condensate

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	Other Condensate	13

Administrative Surcharge $	
Minimum Fee $	46
State Permit Surcharge Fee $	1
TOTAL FEE $	47

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

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

Date Issued 08/17/2004
Control #
Permit # 04-08-1592

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 1203.06 Lot 7 Qual
Work Site Location 75 ORLANDO DRIVE
SICKLERVILLE
Owner in Fee/Occupant SCIOLE, MICHAEL & LORRAINE
Address 75 ORLANDO DRIVE
SICKLERVILLE, NJ 08081-
Telephone
Contractor MASTER WIRE MFG. CO.
Address PO BOX 328
HAMMONTON, NJ 08037-
Telephone (609)567-1616 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No

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:

6' HIGH CHAIN LINK FENCE
$3,169.00

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

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

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

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

[ ] CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

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

CONSTRUCTION OFFICIAL

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8-2-04
Control #
Permit # 04-08-1592

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

Block 1203.06 Lot 7
Work Site Location 75 ORLANDO DRIVE
SICKLERVILLE, NJ 08081-4492
Owner in Fee MICHAEL A. AND LORRAINE M. SCIOLE
Address 75 ORLANDO DRIVE
SICKLERVILLE, NJ 08081-4492
Tenant
Contractor Master Wire Mfg Inc
Address 309 Columbia Rd
HAMMONTON NJ 08037
Tele. (609) 567-1616 Fax (609) 561-0673
Lic. No. or Bidrs. Reg. No.
Federal Emp. No.

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
FENCE INSTALLATION AROUND REAR PERIMETER OF YARD W/ 6'H CHAIN LINK

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

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

FEE (Office Use Only)
$ 48.00

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $ 4.00
TOTAL FEE $ 52.00

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 3169.00
3. Total (1+ 2) $

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

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

CERTIFICATE

Date Issued 10-27-93
Control #
Permit # 12044
CO# 8722

WYNDAM HILL

IDENTIFICATION

Block 1203.06 Lot 7
Work Site Location 75 Orlando Drive
Sicklerville
Owner in Fee XXXX CWR Const., Inc.
Address P.O. Box 12
Barrington, N.J. 08007
Tele. ( )
Contractor Same As owner
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. 3100-08116
Type of Warranty Plan: [ ] State [X] Private
Use Group R-4
Maximum Live Load 40 lbs.
Construction Classification
Maximum Occupancy Load 5
Description of Work/Use:

Single Family Dwelling (2-Story)
34,450 cu. ft. 1968 sq. ft. $115,000.00

☒ **CERTIFICATE OF OCCUPANCY**

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

☐ **CERTIFICATE OF APPROVAL**

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

Fee $ $25.00
Paid [X] Check No. 15369
Collected by: ARF 10-27-93

Joseph F. Cirino
CONSTRUCTION OFFICIAL

U.C.C. Form F-260B

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7-9-93
Control #
Permit # 12044

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

Block 1203.06 Lot 7
Work Site Location 75 Orlando Drive
Sicklerville, NJ 08081
Owner in Fee ~~CWR Construction Inc.~~
Address PO Box 12
Barrington, NJ 08007
Tele. (609)
Contractor ~~SAME~~
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other Pro To	6/29/93	EL
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[X] CO [ ] CCO [ ] CA		
Date: 10-21-93		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			7/25/93	
Foundation			8-3-93	
Slab				
Frame			9-2-93	BK
Insulation			9-9-93	
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			10-21-93	

B. BUILDING CHARACTERISTICS

Use Group Present R-4 Proposed R-4
Constr. Class Present Proposed 5-B
No. of Stories 2
Height of Structure 25 Ft.
Area—Largest Floor 1296 Sq. Ft.
Total Bldg. Area/All Floors 1968 Sq. Ft.
Volume of Structure 34,450 Cu. Ft.
Total Land Area Disturbed 11,273 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 105,000-
2. Alteration $
3. Total (1+2) $ 105,000-

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Bradford
2 Story Single Family Dwelling
Basement
Air Conditioned
4th Bedroom
2 Car Garage
Fireplace

34,450 Vol.
X.0126

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Other
[ ] Demolition
[ ] Miscellaneous
[ ] Fence Height
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other

434.07
21.70 Plot
412.37

(Office Use Only)

FEE	
$	434.07
Administrative Surcharge $	
Minimum Fee $	
TOTAL FEE $	412.00

Paid [ ] Check #
Collected by:

U.C.C. Form F-110A
1 White=Inspector Copy
2 Canary=Office Copy
3 Pink=Office Copy
4 Gold=Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 7-9-93
Control #
Permit # 12044

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

Block 1203.06 Lot 7
Work Site Location 75 Orlando Drive
Sicklerville, NJ 08081
Owner in Fee CWR CONSTRUCTION INC.
Address PO BOX 12
BARRINGTON, NJ 08007
Tel
Contractor NASSAU ELECTRIC INC.
Address 237 W. NICHOLSON RD.
AUDUBON, NJ 08106
Tele. (609) 547-7516
Lic. No. 1970
Federal Emp. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-4 Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. Atlantic Electric
Est. Cost of Elec. Work $ 2,000—

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 6-29-93
Approved by:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 6-14-93
Approved By:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough-In			8/31/93	
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			8/24/93	

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.

Walter W Parker Jr
Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO	SIZE	ITEM	FEE (Office Use Only)
14		Fixtures (1)	
36		Receptacles (2)	
21		Switches (3)	
71		Total 1 + 2 + 3	25.00
GAS	___ Kw	Range	
GAS	___ Kw	Oven(s)	
GAS	___ Kw	Surface Unit	
1	___ hp	Dishwasher	5.00
1	___ hp	Garbage Disposal	5.00
	___ Kw	Dryer	
1	___ Kw	A/C Unit	5.00
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	95.00
	___ hp	Whirlpool/spa	4.75 Plate
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	90.25
1	___ Kw	Water Heater(s)	5.00
1	___ Kw	Central heat: oil, gas or elec.	5.00
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
3	___ hp	Motors—Fractional H.P.	15.00
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
150	___ Amp	Service Entrance	15.00
3		Other phone jacks	15.00

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ 90.00

U.C.C. Form F-120B 1 White Inspector Copy 2 Canary = Office Copy 3 Pink Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 7-9-93
Control #
Permit # 12044

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

Block 1203.06 Lot 7
Work Site Location 75 Orlando Drive
Sicklerville, NJ 08081
Owner in Fee CWR Construction Inc.
Address PO Box 12
Pennington, NJ 08007
Tele.
Contractor MICHAEL J. BANGS
Address 15 LEANNE DR
SICKLERVILLE N.J. 08081
Tele. (609) 825-15-37
Lic. No.
Federal Emp. No. or Social Security No

B. PLUMBING CHARACTERISTICS

Use Group Present R-4 Proposed R-4
Building Sewer Size 4" ABS
Water Service Size 1" POLY 200PSI
Estimated Cost of Plumbing Work $ 4000-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[X] Plumb. Plans Approved
Date: 6/28/93
Approved by: WCS

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: WCS
Date: 10/13/93

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough ✓			8/30/93	WCS
Water ✓			9/1/93	WCS
Sewer ✓			9/1/93	WCS
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				
Gas Test			9-22	JR

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.

Michael J. Bangs
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	15.00
1	Urinal/Bidet	5.00
1	Bath Tub	5.00
3	Lavatory	15.00
1	Shower	5.00
1	Floor Drain	5.00
1	Sink	5.00
1	Dishwasher	5.00
	Drinking Fountain	
1	Washing Machine	5.00
1	Hose Bibb 140.00	5.00
1	Gas Piping	5.00
	Fuel Oil Piping 7.00 Roto	
	Water Heater	
	Steam Boiler 133.00	
1	Hot Water Boiler	5.00
1	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
1	Sewer Connection	25.00
1	Water Service Connection	25.00
	Gas Service Connection	
	Active Solar System	
3	Other Vent Stacks	15.00

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $ 133.00

U.C.C. Form F-130A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 7-9-93
Control #
Permit # 12044

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

Block 1203.06 Lot 7
Work Site Location 75 Orlando Drive
Sicklerville, NJ 08081
Owner in Fee CWR Construction Inc.
Address P.O. Box 12
Barrington, NJ 08007
Tele
Contractor SAME
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-4 Proposed R-4
Constr. Class. Present Proposed
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 200 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date 6-25-93
Approved by: BJ
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 07-7-93
Approved by: BJ

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test			10-21-93	BJ
Smoke Test				
Mechanical FIRE PLACE NOT INSTALLED			9-1-93	BK
TCO				
Other F.S.			7-9-93	OK
Other				
Other				

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors 90.00	7	
Heat Detectors 4.50 Prior		
TOTAL		35.00
Stand Pipes ~~85.50~~		
Kitchen Hood Exhaust Systems	1	5.00
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
(Gas) or Oil Fired Appliance	1	25.00
OTHER FIRE PLACE	1	25.00

Paid [ ] Check #
Collected by:

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 85.00

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