CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 900 PARK AVE, COLLINGSWOOD, N.J.
2. Owner Name: DR. WAITE Tel. ( )
   Address 900 PARK AVE, COLLINGSWOOD
3. Principal Contractor: CLINTON DAVIS Tel. ( )
   Address 224 BERLIN ROAD, CLEMENTON, N.J.
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. ( ) _____
   Address _____
5. Responsible Person in Charge of Work CLINTON DAVIS Tel. ( ) 783-0987

II. PROPOSED WORK

A. TYPE OF WORK

1. ☑ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☑ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: _____

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$ 2500.00
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other _____	
6. ☐	Other _____	
	TOTAL COST	$ 2500.00

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☑ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:
Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

00146 034212 3226
88 SF

0001521W1

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☑ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5.	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories 2
15. Height of Structure 25' Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 46:3B-1 et. seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

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

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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

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

☑ **Check if contractor.**

AGENT NAME CLINTON DAVIS TEL.( ) 783-0987

ADDRESS 224 BERLIN ROAD, CLEMENTON, N.J.

SIGNATURE Clinton Davis

DIVISION OF INSPECTION
BOROUGH OF COLLINGSWOOD
678 HADDON AVENUE
COLLINGSWOOD, NEW JERSEY 08108

BUILDING SUBCODE
TECHNICAL SECTION

PERMIT NO. 78
DATE ISSUED 5/12/
REVISION DATE /
Block 41 Lot 1
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner DR. WAITE
Address 906 PARK AVE COLLINGSWOOD, N.J.
Tel. ( )
Work Site Address SAME

Contractor CLINTON DAVIS
Address 224 BERLIN ROAD CLEMENTON, N.J.
Tel. ( ) 783-0787
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

REMOVE OLD SHINGLES
APPLY NEW ROOFING
+ GUTTER ON MAIN
ROOF

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☑ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
		24.05
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 24.05

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories 2
Total Building Area—All Floors _____ Sq. Ft.
Height of Structure 25' Ft.
Volume of Structure _____ Cu. Ft.
Area—Largest Floor _____ Sq. Ft.
Total Land Area Disturbed _____ Sq. Ft.
Estimated Cost of Building Work: $ 2,500 —

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other _____		

INSPECTIONS FINAL

☐ CO ☐ CCO ☑ CA

Date: 12/15/84

Inspected By: CB

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

U.C.C. Form F-110 (8/83)

BLOCK NO. 74 LOT NO. 1 SUBDIVISION _____ PERMIT NO. 88

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection	_____				_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
_____	FIRE PROTECTION					
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☑ Certificate of Approval No. _____	4/15/84
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 24.00
PLUMBING	.
ELECTRICAL	.
FIRE PROTECTION	.
OTHER _____	.
SUBTOTAL	$ 24.00
– LESS: 20% of subtotal (when plan review performed by state agency).	(.)
D.C.A. TRAINING FEE .0006 x _____	= .
CERTIFICATE OF OCCUPANCY	.
OTHER _____	.
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 24.00

DATE 4/19/84 Collected By D.Bell.

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.
OTHER			.
OTHER			.
– LESS: Refunds			(.)
TOTAL COLLECTED AFTER PERMIT ISSUED			$.

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$.
COLLECTED AFTER PERMIT (VB)	.
TOTAL	$.

BUREAU OF CODE ENFORCEMENT
BOROUGH OF COLLINGSWOOD
678 HADDON AVENUE
COLLINGSWOOD, NEW JERSEY 08108

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 900 PARK AVE. Collingswood
2. Owner Name: MR WAITE Tel. ([redacted]
   Address 900 PARK AVE Collingswood NJ
3. Principal Contractor: W.R BOMMER Tel. (609) 783 6721
   Address 806 E. ATLANTIC AVE CAMDEN SPRINGS N.J.
   Lic. No. or Builder Reg. No. 2456 Federal Emp. No.
4. Architect or Engineer: Tel. ( )
   Address
5. Responsible Person in Charge of Work W.R BOMMER Tel. (609) 783 6721

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☒ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$1500.00
2. ☒	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$1500.00

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2)
   HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☒ One-Family (R–3a)

If new construction, enter no. of dwelling units 0

If other than new construction, enter no. of dwelling units:
Before Construction: 1
After Construction: 1
Net Gain (or loss): 0

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other

State Specific Use:

If Change in Use Group, Indicate Former:

00146_034210 3226
449-88 SF

0001535W

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood,Coal,Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories
15. Height of Structure Ft.
16. Area–Largest Floor Sq. Ft.
17. Bldg. Area–All Fls. Sq. Ft.
18. Volume of Structure Cu. Ft.
19. Total Land Area Disturbed Sq. Ft.

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 46:3B-1 et. seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

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

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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

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

☒ Check if contractor.

AGENT NAME W.R. Bommer Plumbing TEL (609) 783-6721

ADDRESS 606 E Atlantic Ave.

Laurel Springs N.J.

SIGNATURE [signature]

CERTIFICATE

CERT. NO. 449-88-CA
DATE ISSUED 11/21/88
Block 74 Lot 1
Subdivision

IDENTIFICATION

Owner D. A. Waite
Address 900 Park Ave.
Collingswood, NJ 08108
Tel. [redacted]
Work Site Address 900 Park Ave.

Agent Wayne Bommer
Address 806 E. Atlantic Ave.
Laurel Springs, NJ 08021
Tel. (609) 783-6721
Lic. No. 2456
Federal Emp. No. [redacted]

PAYMENTS

Fees Remitted $ 10.00
☒ Check No. 11945
☐ Cash
☐ Other
Collected By: CH
Date: 11/18/88

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ CERTIFICATE OF OCCUPANCY ☒ CERTIFICATE OF APPROVAL

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

B. ☐ 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.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

D. DESCRIPTION OF WORK:

Replace sewer line from house to curb.

USE GROUP R-3a FIRE GRADING _____

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE _____

FINAL COST OF CONSTRUCTION: $ 1,500.00

Charles G. Barnett
CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 449-88
DATE ISSUED 11/18/88
Block 74 Lot 1
Subdivision

A. IDENTIFICATION

Owner Mr. Waite
Address 900 Park Ave.
Collingswood, NJ 08108
Tel. [redacted]

Agent Wayne Bonner
Address 806 E. Atlantic Ave.
Laurel Springs, NJ
Tel. (783-6721

Work Site Address 900 Park Ave.
Lic. No. 2456
Federal Emp. No. [redacted]

PAYMENTS

Permit Fee $ 52.00
Fees Remitted $ 52.00
[X] Check No. 11945
[ ] Cash
[ ] Other
Collected By: CH
Date: 11/18/88

is hereby granted permission to perform the following work:

- [ ] BUILDING
- [ ] ELECTRICAL
- [X] PLUMBING
- [ ] FIRE PROTECTION
- [ ] OTHER

Description of work:

Replace existing sewer service.

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

Estimated Cost of Work: $ 1,500.00

Charles G. Barnett
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

72 0003

BOROUGH OF COLLINGSWOOD

MISC. ACCTS.

Account Constr. Code Fee

Amount #52.00

Detail Permit #449-88

Mr. Waite

900 Park Ave.

0016OFC11/19/887647 $52.00MS

1

PLUMBING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO.
DATE ISSUED
REVISION DATE
Block 114 Lot 1
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner MR. WAITE
Address 900 PARK AVE
COLLINGSWOOD, NJ.
Tel. ( ) [redacted]
Work Site Address SAME
900 PARK AVE.

Contractor WAYNE BOMMER
Address 806 E. ATLANTIC AV.
LAUREL SPRINGS, NJ.
Tel. ( ) 783 6721
Lic.No./Bus. Permit 2456
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

W. Bommer
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK: REPLACE EXISTING SEWER

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace			Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection		✓	Other REPLACE	
	Sewer Util. Connection			Other SEWER	
	Hose Bibb			Other	
	Water Cooler			Other N/A	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (if applicable)	$
Total Plumbing Fee (Greater of Minimum or Subtotal)	$

C. PLUMBING CHARACTERISTICS

USE GROUP: R-3 Present R-3 Proposed

Drainage —	Material	—	Size	
Building Sewer —	Material	PVC	Size	4"
Water Service —	Material	—	Size	
Venting —	Material	—	Size	

Estimated Cost of Plumbing Work: $ 1500.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

- [x] No Plans Required
- [ ] Plan Review Approved

Date: 11/18/88

Approved By: CG/CR

INSPECTIONS FINAL

- [ ] CO
- [ ] CCO
- [x] CA

Date: 11/21/88

Inspected By: [signature]

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☐ Rough				
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

U.C.C. Form F-130 (8/83)

BLOCK NO. 74 LOT NO. 1 SUBDIVISION _____ PERMIT NO. 449-88

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection	_____	_____	_____		_____

U.C.C. Form F-100 (8/83)

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN -- FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
11/18/88	PLUMBING				11/21/88	
_____	ELECTRICAL					
_____	FIRE PROTECTION					
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☒ Certificate of Approval No. 449-88	11/21/88
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$.
PLUMBING	42.00
ELECTRICAL	.
FIRE PROTECTION	.
OTHER _____	.
SUBTOTAL	$ 42.00
-- LESS: 20% of subtotal (when plan review performed by state agency).	(.)
D.C.A. TRAINING FEE .0006 x _____	= .
CERTIFICATE OF OCCUPANCY	.
OTHER C/A	10.00
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 52.00

DATE 11/18/88 Collected By CH Check # 11945

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.
OTHER			.
OTHER			.
-- LESS: Refunds			(.)
TOTAL COLLECTED AFTER PERMIT ISSUED			$.

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$ 52.00
COLLECTED AFTER PERMIT (VB)	.
TOTAL	$ 52.00

BLOCK 74 LOT 1 ADDRESS (SITE) 900 PARK AVE, COLLINGSWOOD PERMIT NO. 350-91

BUREAU OF CODE ENFORCEMENT
BOROUGH OF COLLINGSWOOD
678 HADDON AVENUE
COLLINGSWOOD, NEW JERSEY 08108

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 900 PARK AVE., COLLINGSWOOD
2. Name of Owner in Fee: DR. WAITE Tel. ( )
   Address 900 PARK AVE., COLLINGSWOOD (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: STEINERT SPRINKLER SYSTEMS Tel. (609) 853-6320
   Address 156 APPLEWOOD DR., SWEDESBORO, N.J. 08085
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. ____ Social Security No. [redacted]
5. Architect or Engineer ____ Tel. ( )
   Address ____
6. Responsible Person In Charge of Work Bill Steinert Tel. (609) 467-4233

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☒ Electrical	150.00
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
	10/22/91						

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

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

U.C.C. Form F-100A

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		35.00	
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$	35.00	
7. Less 20% for State Plan Review			
8. Subtotal	$	35.00	
9. DCA Training Fee			
10. Subtotal	$	35.00	
11. Cert. of Occupancy		10.00	
12. Other			
13. TOTAL	$	45.00	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

3226
00146_034215
350-91 SF
0015550

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL-
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction 1
After Construction 1
Net gain or loss 0

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

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

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

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

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

(✓ Check if contractor.

Agent Name STEINERT SPRINKLER SYSTEMS

Address 156 APPLEWOOD DR., SWEDESBORO, N.J. 08085

Telephone (609) 467-4233

Signature William J. Steinert Date 10/22/91

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
609/858-0177

Date Issued 12/09/91
Control #
Permit # 350-91

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 74 Lot 1
Work Site Location 900 PARK AVENUE

Owner in Fee WAITE DONALD 56-18-25
Address 900 PARK AVENUE
COLLINGSWOOD, NJ 08108-
Telephone [redacted]
Contractor VINCENT N DELUCA ELECT CONT
Address 213 CLEVELAND AVENUE
CHERRY HILL, NJ 08002-
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]
or Social Security No.

Home Warranty No.
Use Group R-4
Maximum Live Load 0
Description of Work/Use:

UNDERGROUND WIRING

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load 0

CERTIFICATE OF OCCUPANCY/APPROVAL

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

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

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

Fee $ 10
Paid [X] Check No. 0277
Collected by: CH

Charles A. Garrabrant Jr.
CONSTRUCTION OFFICIAL

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

U.C.C. Form PZ2A

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
609/858-0177

Date Issued 10/22/91
Control #
Permit # 350-91

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 74 Lot 1

Work Site Location 900 PARK AVENUE

Owner in Fee WAITE DONALD 18-25
Address 900 PARK AVENUE
COLLINGSWOOD, NJ 08108-
Telephone [redacted]

Contractor VINCENT N DELUCA ELECT CONT
Address 213 CLEVELAND AVENUE
CHERRY HILL, NJ 08002-
Telephone ( )
Lic. No. or Bldrs. Reg. No. Exp. Date / /
Federal Emp. No. [redacted]
or Social Security No.

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

DESCRIPTION OF WORK:

Underground wire.

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

Estimated Cost of Work $ 150

Charles G. Barnes Jr.
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	0
Plumbing	0
Electrical	35
Fire Protection	0
Other	
Other	
DCA Training Fee	0
Cert. of Occ.	10
Other	
Total	45
Check No.	0277
Cash	
Collected By:	CH

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
609/858-0177

UCC NEW JERSEY
ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10/22/91
Date Issued 10/22/91
Control #
Permit # 350-91

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

Block 74 Lot 1
Work Site Location 900 PARK AVENUE

Owner in Fee WAITE DONALD 18-25
Address 900 PARK AVENUE
COLLINGSWOOD, NJ 08108-
Tele.([redacted]
Contractor VINCENT N DELUCA ELECT CONT
Address 213 CLEVELAND AVENUE
CHERRY HILL, NJ 08002-
Tele.(__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.[redacted]
or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other PSE&G
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work $ 150

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12/26/91
Approved By:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Fixtures (1)	
0		Receptacles (2)	
0		Switches (3)	
0		Total 1 + 2 + 3	0
0	0	Range	0
0	0	Oven(s)	0
0	0	Surface Unit	0
0	0	Dishwasher	0
0		Garbage Disposal	
0	0	Dryer	0
0	0	A/C Unit	0
0		Burglar Alarms	
0		Intercoms Panels	
0		Smoke Detectors	
0	0	Whirlpool/Spas	0
0		Pool Bonding	
0	0	Pool Filter Motor	0
0		Pool Lights	
0	0	Water Heater(s)	0
0	0	Central Heat: oil, gas or elec.	0
0	0	Baseboard Heat Units	0
0		Thermostats	
0	0	Heat Pump	0
0	0	Pump(s)	0
0	0	Motor Control Center/Sub Panels	0
0		Signs	
0	0	Light Standards	0
0	0	Motors-Fractional H.P.	0
0	0	Motors-All Others	0
0	0	Transformers	0
0	0	Generators	0
0	0	Service Entrance	0
		Other UNDRGR WIRE	35
		Other	0

Administrative Surcharge $ 0
Paid [X] Check # 0277 Minimum Fee $ 0
Collected by: CH TOTAL FEE $ 35

U.C.C. Form F-1961

VINCENT N. DELUCA
ELECTRICAL CONTRACTOR, INC.
213 CLEVELAND AVENUE
CHERRY HILL, N.J. 08002
N.J. LICENSE# 7601B

Kelp

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10/22/91
Date Issued
Control #
Permit # 350-91

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

Block 74 Lot 1
Work Site Location 900 PARK AVE Collingswood N.J.

Owner in Fee DR. WAITE
Address 900 PARK AVE., Collingswood, N.J.

Tele. [redacted]
Contractor VINCENT N. DELUCA ELECT. CONT. INC.
Address 213 CLEVELAND AVE.
CHERRY HILL NJ 08002
Tele. (609) 667-1145
Lic. No. 7601B
Federal Emp. No. [redacted] or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 150.00

JOB SUMMARY (Office Use Only)

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

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge $ 10.00
Paid [ ] Check # 0277 Minimum Fee $ 35.00
Collected by: CA TOTAL FEE $ 45.00

U.C.C. Form F-120A

1 WHITE — OFFICE
2 PINK — OFFICE
3 GOLD — APPLICANT
4 CARD — INSPECTOR

PPCO.

Question for Mr. Barnett:

Regarding job at 900 Park Ave, replacing damaged underground wire.

I would like to bury a conduit 18" deep, using a vibratory plow instead of a trencher. This will prevent future settlement and make the installation easier. I will pull the conduit in, then the electrician will push his wire through and make all connections. I will leave the holes at each end open. I could also open a hole along the pipe, to show that it is 18" deep. The work could then be inspected one time without leaving the entire trench open. Would this method of installation be acceptable?

Thank you,

Bill Steinert

Steinert Sprinkler Systems

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

	Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☒ Certificate of Approval	No. 350-91	12/9/91	
☐ None			

BLOCK 74 LOT 1 ADDRESS (SITE) 900 PARK AVE. PERMIT NO. 347-91

BUREAU OF CODE ENFORCEMENT
BOROUGH OF COLLINGSWOOD
678 HADDON AVENUE
COLLINGSWOOD, NEW JERSEY 08108

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 900 PARK AVE.
2. Name of Owner in Fee: DR. WAITE, Donald Tel. ([redacted]
   Address 900 PARK AVE. (street) COLLINGSWOOD (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: STEINERT SPRINKLER SYS. Tel. (609) 467-4233
   Address 156 APPLEWOOD DR., SWEDESBORO, NJ.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. [redacted]
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person In Charge of Work Bill STEINERT Tel. (609) 467-4233

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		84.00	
4. Fire Protection			
5. Other			
6. Subtotal	$	84.00	
7. Less 20% for State Plan Review			
8. Subtotal	$	84.00	
9. DCA Training Fee			
10. Subtotal	$	84.00	
11. Cert. of Occupancy		10.00	
12. Other			
13. TOTAL	$	94.00	

Taps Paid

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

3226
00146_034215
347-91 SF
00015C52Z

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	800.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
CR	10/12/91						

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

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

U.C.C. Form F-100A

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL-
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction 1
After Construction 1
Net gain or loss 0

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

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

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

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

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

(✓ Check if contractor.

Agent Name WILLIAM J. STEINERT

Address 156 APPLEWOOD DR. SWEDESBORO, N.J. 08085

Telephone (609) 467-4233

Signature William J. Steinert Date 10/17/91

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
609/858-0177

Date Issued 12/09/91
Control #
Permit # 347-91

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 74 Lot 1
Work Site Location 900 PARK AVENUE

Owner in Fee WAITE DONALD 18-25
Address 900 PARK AVENUE
COLLINGSWOOD, NJ 08108-
Telephone [redacted]
Contractor FRANK GRAZZIANO
Address 72 FREEDOM DRIVE
SEWELL, NJ 08080-
Telephone (609)582-0107
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No. [redacted]

Home Warranty No.
Use Group R-4
Maximum Live Load 0
Description of Work/Use:

WATER SERVICE CONNECTION AND BACKFLOW PREVENTER

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load 0

CERTIFICATE OF OCCUPANCY/APPROVAL

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

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

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

Fee $ 10
Paid [X] Check No. 0268
Collected by: CH

Charles A. Barnard
CONSTRUCTION OFFICIAL

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

Signature-Contractor Seal

U.C.C. Form-F-130A

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
609/858-0177

Date Issued 10/17/91
Control #
Permit # 347-91

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 74 Lot 1

Work Site Location 900 PARK AVENUE

Owner in Fee WAITE DONALD 18-25
Address 900 PARK AVENUE
COLLINGSWOOD, NJ 08108-
Telephone [redacted]

Contractor FRANK GRAZZIANO
Address 72 FREEDOM DRIVE
SEWELL, NJ 08080-
Telephone (609)582-0107
Lic. No. or Bldrs. Reg. No. Exp. Date / /
Federal Emp. No.
or Social Security No. [redacted]

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

DESCRIPTION OF WORK:

Replace water service, install backflow preventer.

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

Estimated Cost of Work $ 800

Charles G. Barnaby
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	0
Plumbing	84
Electrical	0
Fire Protection	0
Other	
Other	
DCA Training Fee	0
Cert. of Occ.	10
Other	
Total	94
Check No.	0268
Cash	
Collected By:	CH

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
609/858-0177

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/17/91
Date Issued 10/17/91
Control #
Permit # 347-91

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

Block 74 Lot 1
Work Site Location 902 PARK AVENUE

Owner in Fee WAITE DONALD 18-25
Address 900 PARK AVENUE
COLLINGSWOOD, NJ 08108-
Tele. [redacted]
Contractor FRANK GRAZZIANO
Address 72 FREEDOM DRIVE
SEWELL, NJ 08080-
Tele.(609)582-0107
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-4 Proposed R-4
Building Sewer Size
Water Sewer Size
Estimated Cost of Plumbing Work $ 800

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] DA
Approved By:
Date: 12/24/91

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Gas Piping	0
0	Fuel Oil Piping	0
0	Water Heater	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor/Separator	0
1	Backflow Preventer	42
0	Grease Trap	0
0	Water Cooled A/C or Refrigeration Unit	0
0	Sewer Connection	0
1	Water Service Connection	42
0	Gas Service Connection	0
0	Active Solar System	0
	Other	0
	Other	0
	Administrative Surcharge	$ 0
	Minimum Fee	$ 0
	TOTAL FEE	$ 84.

Paid [X] Check # 0268
Collected by: CH

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10/17/91
Date Issued
Control #
Permit # 347-91

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

Block 74 Lot 1
Work Site Location 900 PARK AVE., COLLINGSWOOD

Owner in Fee DR. WAITE
Address 900 PARK AVE., COLLINGSWOOD, N.J.

Tele. (609) 854-4452
Contractor FRANK GRAZZIANO
Address 72 FREEDOM DR., SEWELL, N.J.

Tele. [redacted]
Lic. No. 6492
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed ✓
Building Sewer Size _____
Water Service Size 1"
Estimated Cost of Plumbing Work $ #800.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[ ] CO [ ] CCO [illegible]
Approved by: [signature]
Date: 12/9/91

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

C. CERTIFICATION IN LIEU OF OATH

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

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

FRANK GRAZZIANO STATE OF NEW JERSEY LICENSED MASTER PLUMBER 6492

Signature-Contractor/Agent

D. TECHNICAL SITE DATA (List all fixtures.)

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

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

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE **(office use only—optional)**

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED **(office use only)**

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☒ Certificate of Approval	No. 347-91	12/9/91	
☐ None			

CONSTRUCTION PERMIT

Permit #: 247-93
Date Issued: 06/18/93

IDENTIFICATION Block/Lot/Qual: 74. 1.

Work Site Location: 900 PARK AVE

Owner in Fee: WAITE DONALD

Address: 900 PARK AVE
COLLINGSWOOD NJ 08108

Tel. [redacted]

Contractor: PRE-CONV CUST PERMIT OPEN

Address:

Tel.

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

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

Check No. _____
Cash _____
Collected by _____

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

Est. Cost of Work $ 600.00

_____ _____
Construction Official Date

(see reverse side)

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 247-93
Issue Date: 06/18/93
Application Id: 10000951
Application Date:

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

Block/Lot/Qual: 74. 1.
Work Site Location: 900 PARK AVE

Owner in Fee: WAITE DONALD
Tel. [redacted] email:
900 PARK AVE COLLINGSWOOD NJ 08108
Contractor: LIGHTCAP ELECTRIC Tel. (609)330-1721
100 YALE RD email: LIGHTCAPEL@MSN.COM
AUDUBON, NJ 08106
Contractor License No.: 9853 Exp Date: 03/31/24
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. 22301500 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-4 Proposed R-4
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Electric Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
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: _____

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

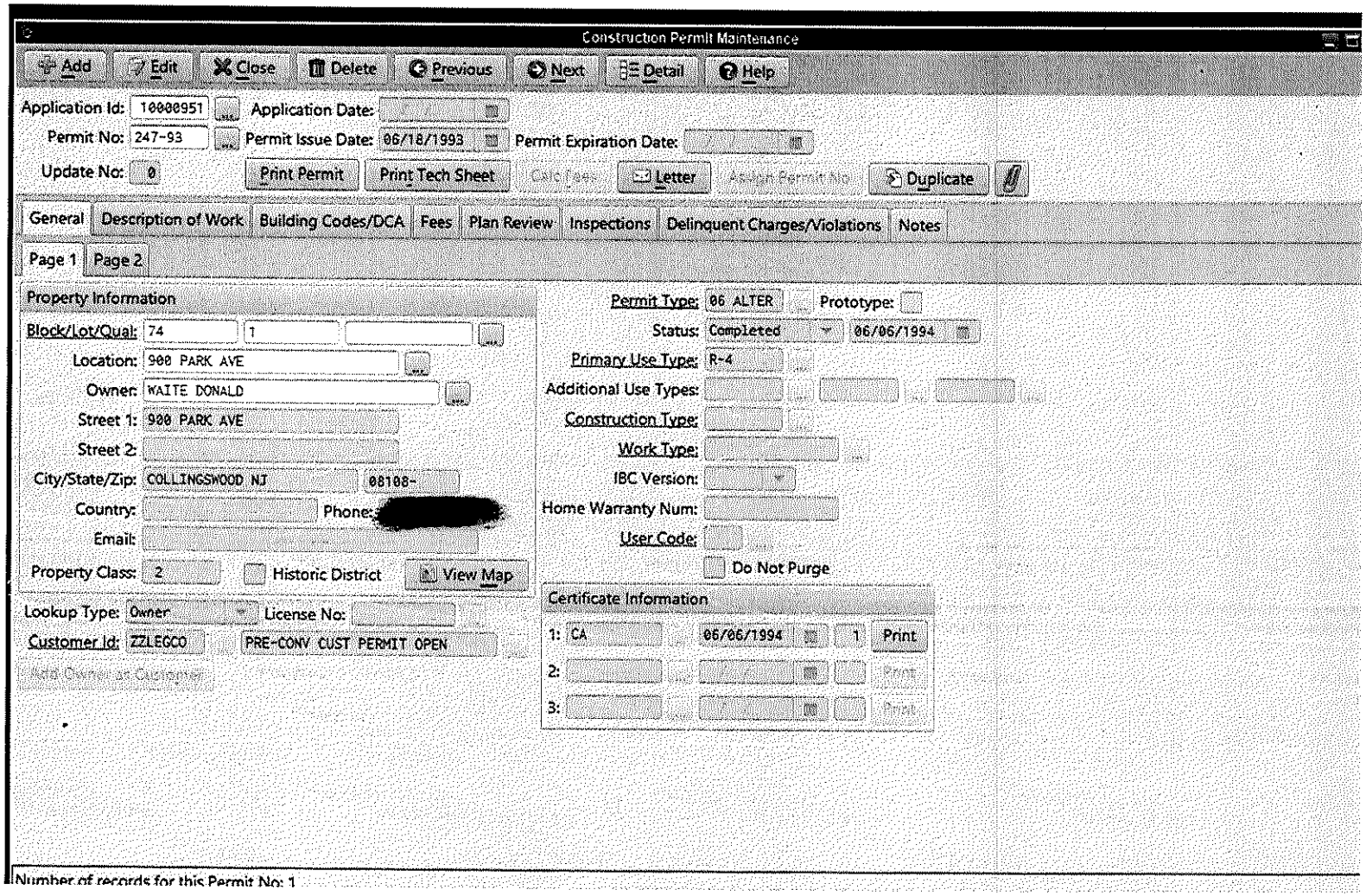
D. TECHNICAL SITE DATA

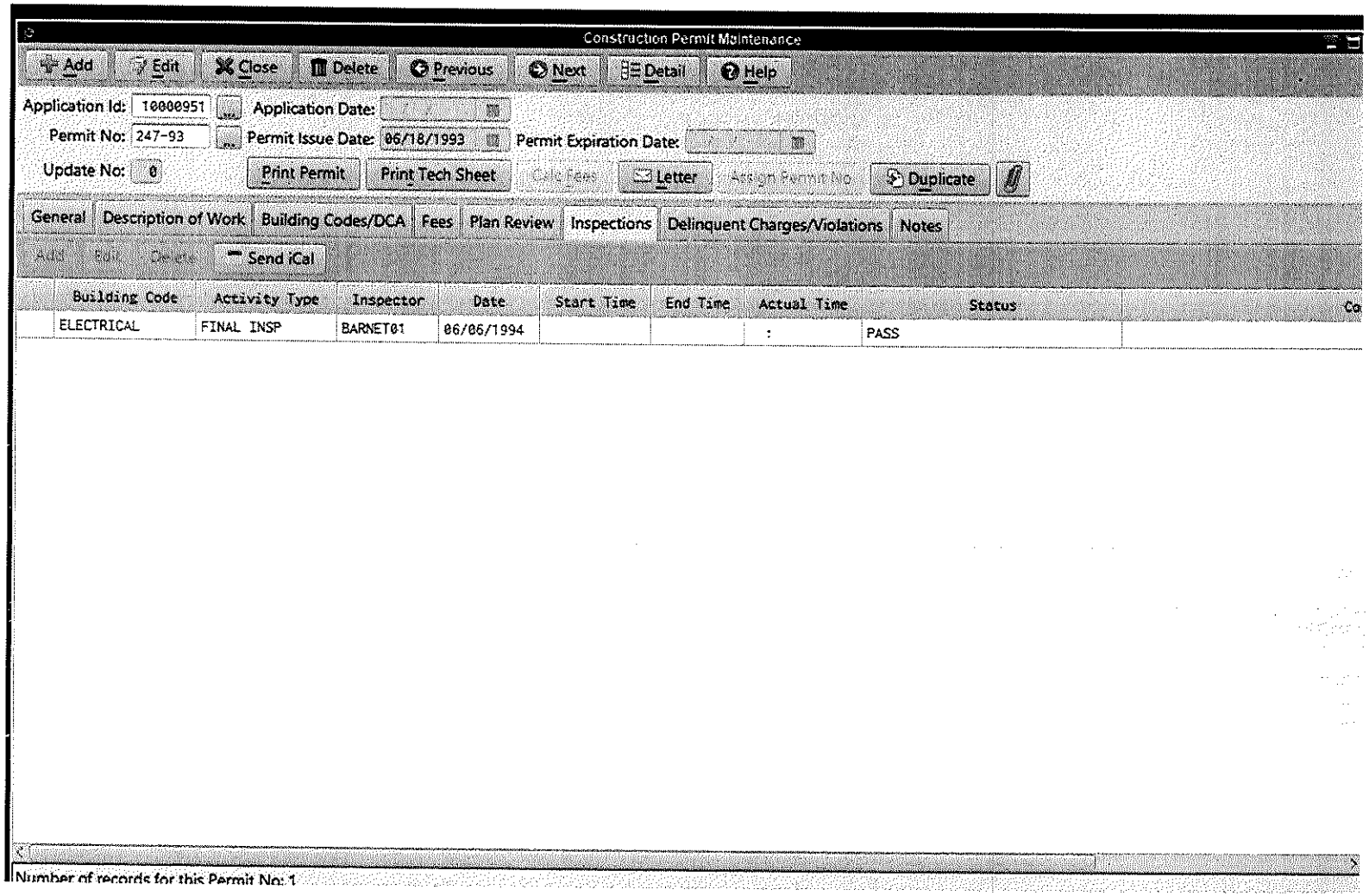
DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
5		Lighting Fixtures	
		Receptacles	
5		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
10		TOTAL NUMBERS	$ 32.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	8.00
State Permit Surcharge Fee	$	1.00
TOTAL FEE	$	41.00

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


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 10000951
Application Date:
Permit No: 247-93
Permit Issue Date: 06/18/1993
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 74 1
Location: 900 PARK AVE
Owner: WAITE DONALD
Street 1: 900 PARK AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country:
Phone:
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: ZZLEGCO
PRE-CONV CUST PERMIT OPEN
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed 06/06/1994
Primary Use Type: R-4
Additional Use Types:
Construction Type:
Work Type:
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA 06/06/1994 1 Print
2: Print
3: Print
Number of records for this Permit No: 1


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 10000951
Application Date:
Permit No: 247-93
Permit Issue Date: 06/18/1993
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Add
Edit
Delete
Send iCal
Building Code
Activity Type
Inspector
Date
Start Time
End Time
Actual Time
Status
ELECTRICAL
FINAL INSP
BARNET01
06/06/1994
:
PASS
Number of records for this Permit No: 1

CONSTRUCTION PERMIT

Permit #: 360-94
Date Issued: 10/04/94

IDENTIFICATION Block/Lot/Qual: 74. 1.
Work Site Location: 900 PARK AVE
Owner in Fee: WAITE DONALD
Address: 900 PARK AVE
COLLINGSWOOD NJ 08108
Tel. [redacted]

Contractor: PRE-CONV CUST PERMIT OPEN
Address:
Tel.
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

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

Check No. _____
Cash _____
Collected by _____

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

Est. Cost of Work $ 800.00

_____ _____
Construction Official Date

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

(see reverse side)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 360-94
Issue Date: 10/04/94
Application Id: 10001665
Application Date:

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

Block/Lot/Qual: 74. 1.
Work Site Location: 900 PARK AVE

Owner in Fee: WAITE DONALD
Tel. [redacted] email:
900 PARK AVE COLLINGSWOOD NJ 08108
Contractor: LIGHTCAP ELECTRIC Tel. (609)330-1721
100 YALE RD email: LIGHTCAPEL@MSN.COM
AUDUBON, NJ 08106
Contractor License No.: 9853 Exp Date: 03/31/24
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-4 Proposed R-4
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Electric Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

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

D. TECHNICAL SITE DATA

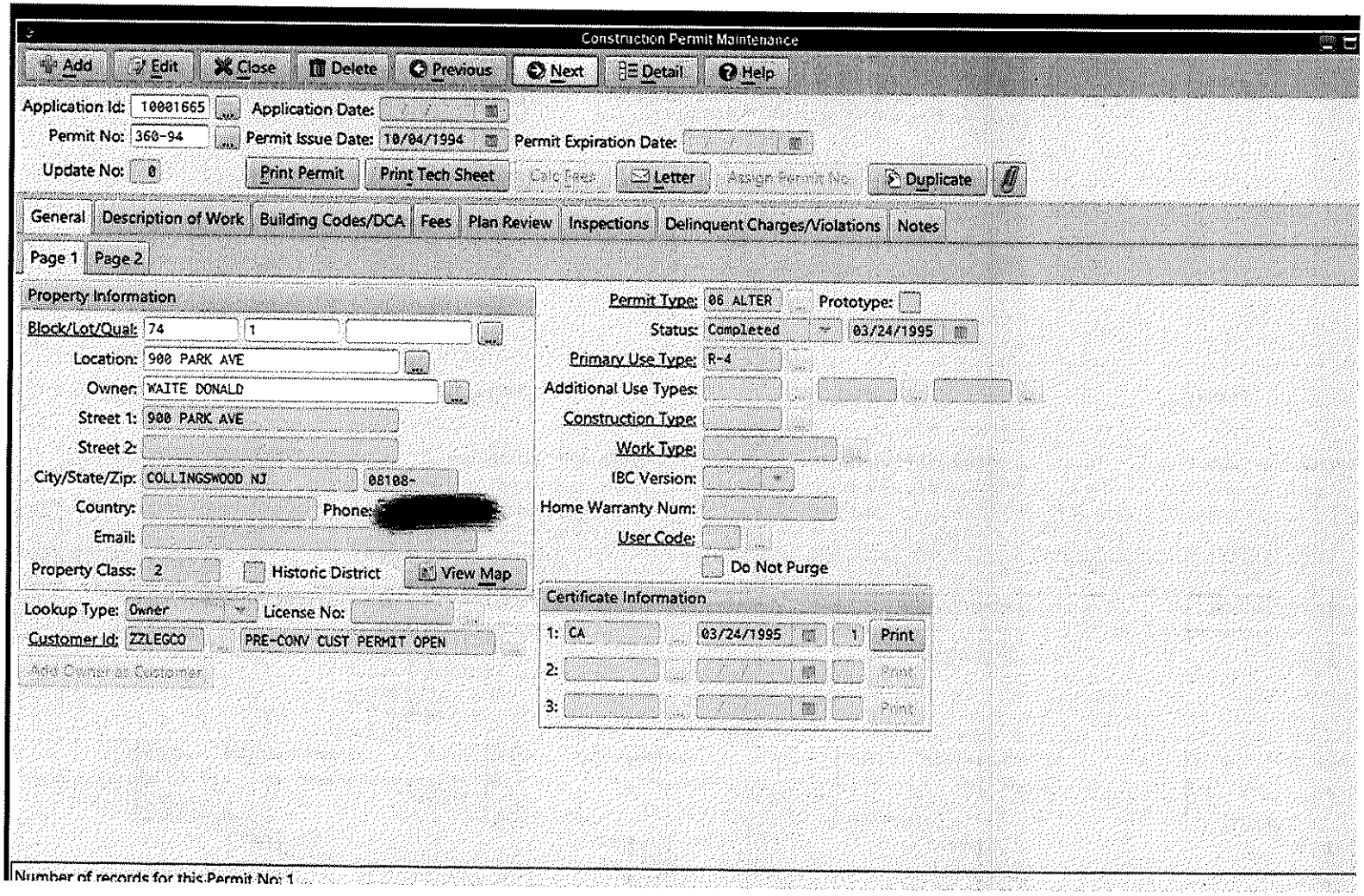
DESCRIPTION OF WORK:

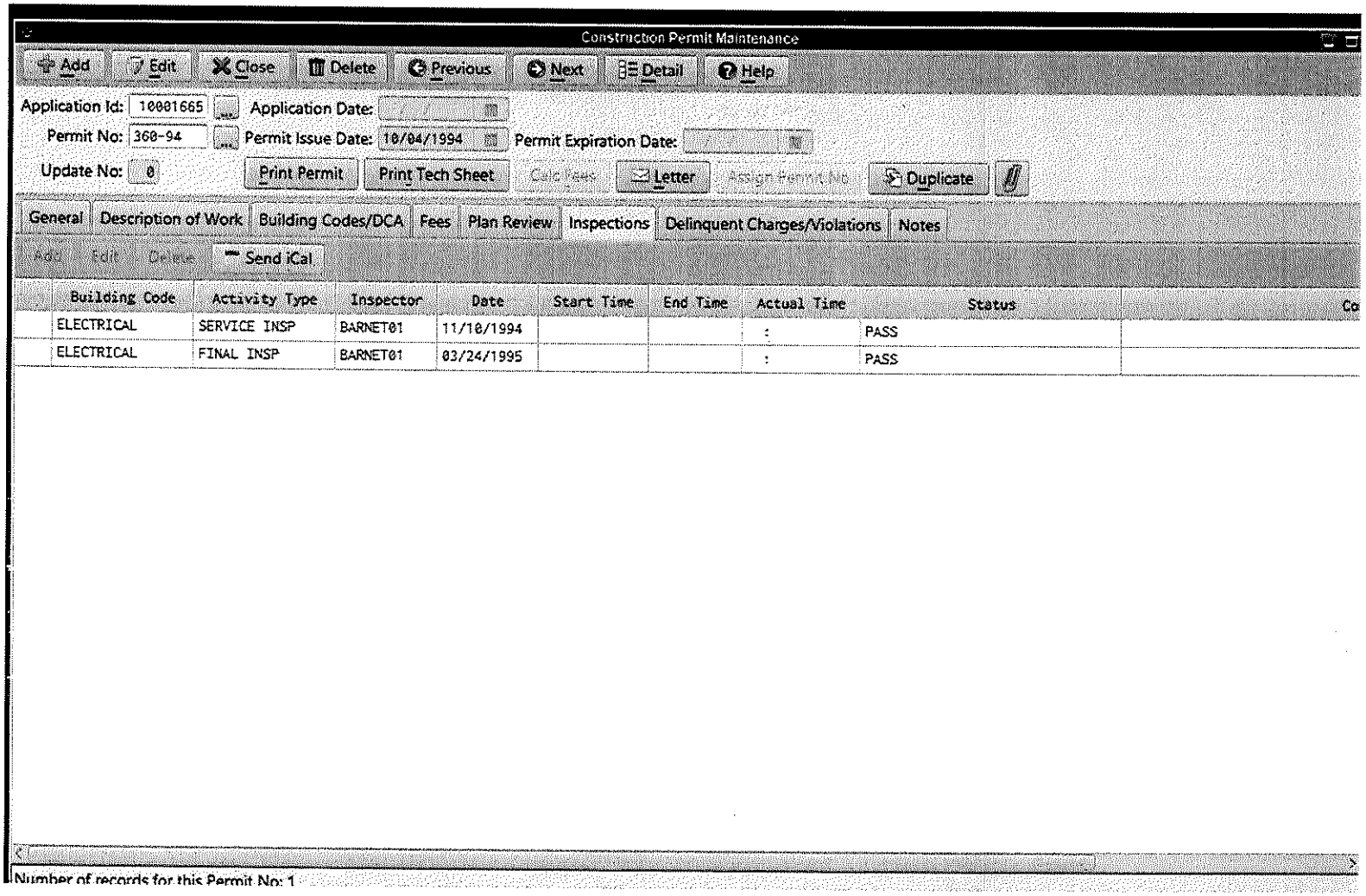
QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1		AMP Service	40.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	3.00
TOTAL FEE	$	43.00

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

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


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 10001665
Application Date:
Permit No: 360-94
Permit Issue Date: 10/04/1994
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 74 1
Location: 900 PARK AVE
Owner: WAITE DONALD
Street 1: 900 PARK AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country:
Phone:
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: ZZLEGCO
PRE-CONV CUST PERMIT OPEN
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed 03/24/1995
Primary Use Type: R-4
Additional Use Types:
Construction Type:
Work Type:
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA 03/24/1995 1 Print
2: Print
3: Print
Number of records for this Permit No: 1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Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Add
Edit
Delete
Send iCal
Building Code
Activity Type
Inspector
Date
Start Time
End Time
Actual Time
Status
ELECTRICAL
SERVICE INSP
BARNET01
11/10/1994
PASS
ELECTRICAL
FINAL INSP
BARNET01
03/24/1995
PASS
Number of records for this Permit No: 1

CONSTRUCTION PERMIT

Permit #: 99-0054
Date Issued: 03/01/99

IDENTIFICATION Block/Lot/Qual: 74. 1.

Work Site Location: 900 PARK AVE

Owner in Fee: WAITE, DONALD A & YVONNE S

Address: 1190 HIDEAWAY DRIVE NORTH
ST. JOHN'S FL 32259

Tel. [redacted]

Contractor: PRE-CONV CUST PERMIT OPEN

Address:

Tel.

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REMOVE ROOF SHINGLES AND REPLACE.

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

Check No. _____
Cash _____
Collected by _____

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

Est. Cost of Work $ 6,885.00

_____ _____
Construction Official Date

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

(see reverse side)

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

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 99-0054
Issue Date: 03/01/99
Application Id: 10004123
Application Date: 02/22/99

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

Block/Lot/Qual: 74. 1.

Work Site Location: 900 PARK AVE

Owner in Fee: WAITE, DONALD A & YVONNE S

Tel. [redacted] email:

1190 HIDEAWAY DRIVE NORTH ST. JOHN'S FL 32259

Contractor: NUSS CONSTRUCTION COMPANY Tel. (856)988-9982

119 CHURCH RD email:

MARLTON, NJ 08053

Contractor License No. or Builder Registration No.: 13VH01419500 Exp Date: 03/31/24

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

Federal Emp. ID No. [redacted] FAX: (856)988-9983

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				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Constr. Class Present Proposed

No. of Stories 0.00

Height of Structure ft.

Area — Largest Floor sq. ft.

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

Volume of New Structure 0 cu. ft.

Max. Live Load

Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $
3. Total (1+2) $ 6,885.00

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

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

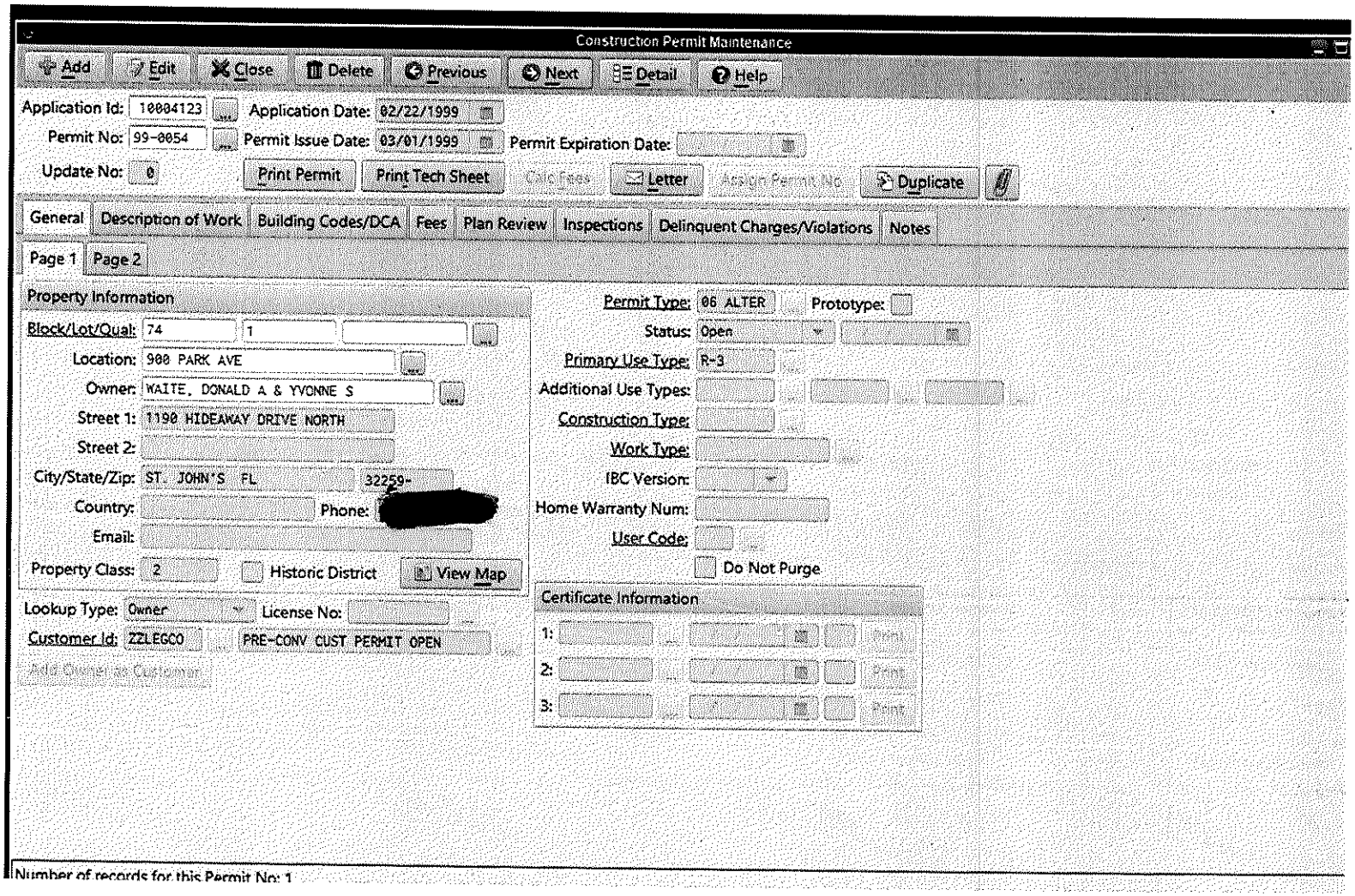
DESCRIPTION OF WORK
REMOVE ROOF SHINGLES AND REPLACE.

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

FEE (Office Use Only)

$	
	0.00
	46.00
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 14.00
TOTAL FEE	$ 60.00

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


Construction Permit Maintenance
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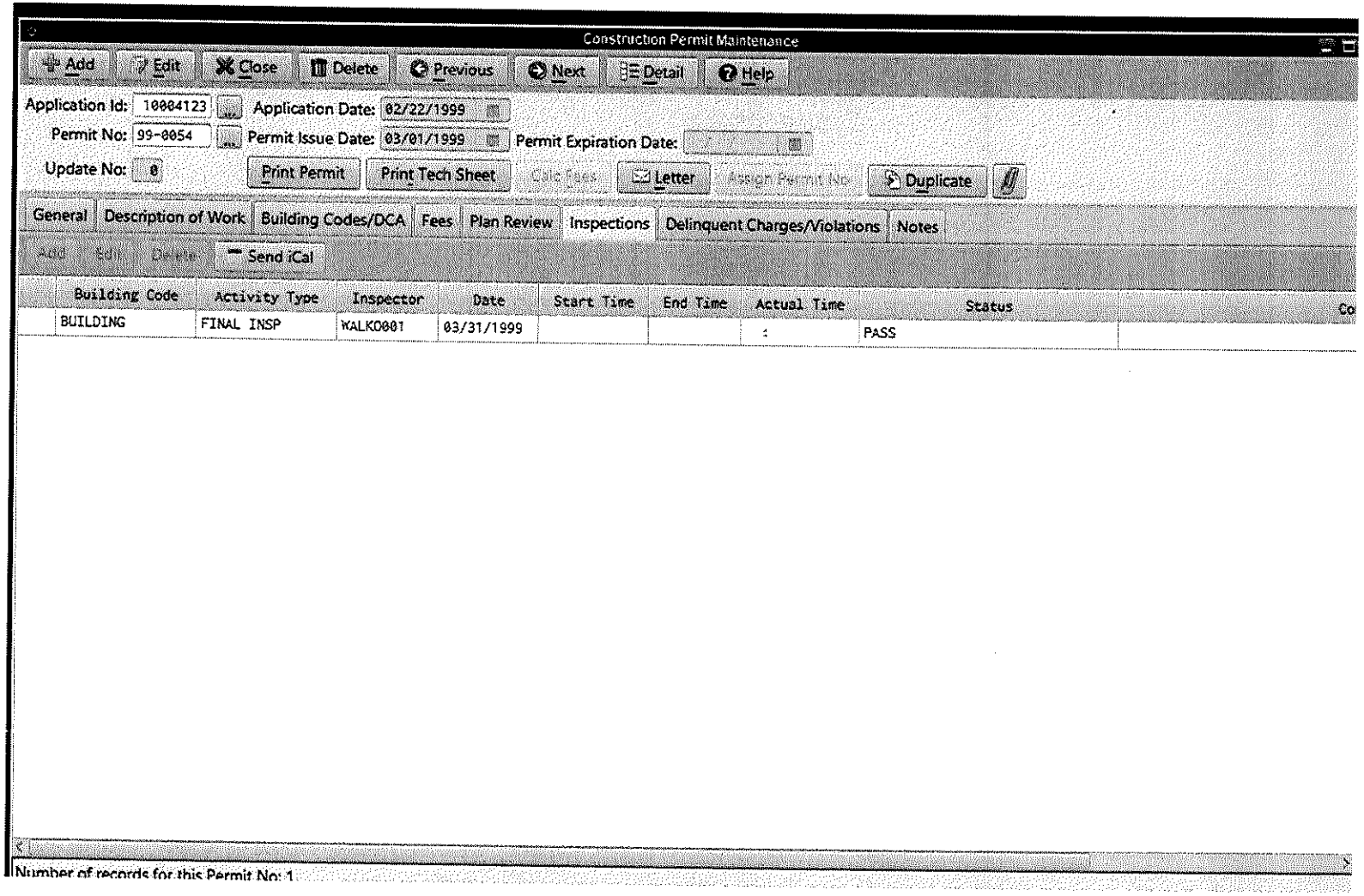
Delete
Previous
Next
Detail
Help
Application Id: 10004123
Application Date: 02/22/1999
Permit No: 99-0054
Permit Issue Date: 03/01/1999
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 74 1
Location: 900 PARK AVE
Owner: WAITE, DONALD A & YVONNE S
Street 1: 1190 HIDEAWAY DRIVE NORTH
Street 2:
City/State/Zip: ST JOHN'S FL 32259-
Country:
Phone:
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: ZZLEGCO
PRE-CONV CUST PERMIT OPEN
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Open
Primary Use Type: R-3
Additional Use Types:
Construction Type:
Work Type:
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1:
2:
3:
Print
Print
Print
Number of records for this Permit No: 1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Application Id: 10004123
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Permit No: 99-0054
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Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Add
Edit
Delete
Send iCal
Building Code
Activity Type
Inspector
Date
Start Time
End Time
Actual Time
Status
BUILDING
FINAL INSP
WALK0001
03/31/1999
PASS
Number of records for this Permit No: 1

CONSTRUCTION PERMIT

Permit #: 99-0237
Date Issued: 07/22/99

IDENTIFICATION Block/Lot/Qual: 74. 1.
Work Site Location: 900 PARK AVE
Owner in Fee: WAITE DONALD
Address: 900 PARK AVE
COLLINGSWOOD NJ 08108
Tel. [redacted]

Contractor: PRE-CONV CUST PERMIT OPEN
Address:

Tel.
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
NEW BATHROOM FIXTURES AND PIPING.

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

Check No. _____
Cash _____
Collected by _____

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

Est. Cost of Work $ 1,600.00

_____ _____
Construction Official Date

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

(see reverse side)

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

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 99-0237
Issue Date: 07/22/99
Application Id: 10004334
Application Date:

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

Block/Lot/Qual: 74. 1.

Work Site Location: 900 PARK AVE

Owner in Fee: WAITE DONALD
Tel. [redacted] email:
900 PARK AVE COLLINGSWOOD NJ 08108
Contractor: WITTMAIER PLUMBING Tel. (856)858-1965
215 EAST HOMESTEAD AVE email: HCWITT@COMCAST.NET
COLLINGSWOOD, NJ 08108
Contractor License No.: 36BI00620400 Exp Date: 06/30/25
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX: (856)858-1972

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size _____ Public Sewer [ ] Private Septic [ ]
Water Service Size _____ Public Water [ ] Private Well [ ]
Est. Cost of Plumbing Work $ 1,600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
Plumbing Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

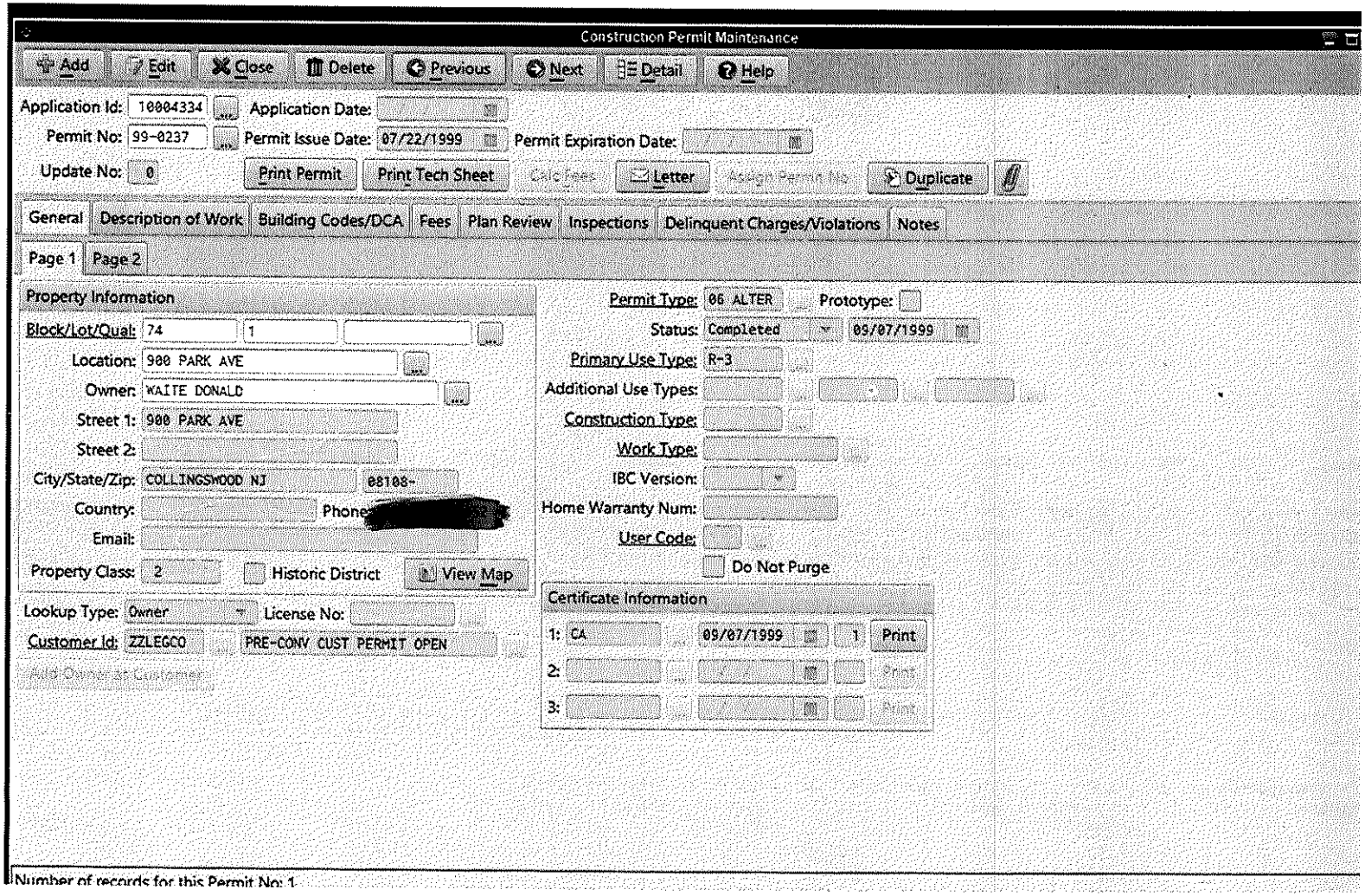
DESCRIPTION OF WORK
NEW BATHROOM FIXTURES AND PIPING.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$ 10.00
	Urinal/Bidet	
1	Bath Tub	10.00
1	Lavatory	10.00
	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 _____	
	Other _____	

Administrative Surcharge	$
Minimum Fee	$ 10.00
State Permit Surcharge Fee	$ 3.00
TOTAL FEE	$ 43.00

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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Permit No: 99-0237
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Permit Expiration Date:
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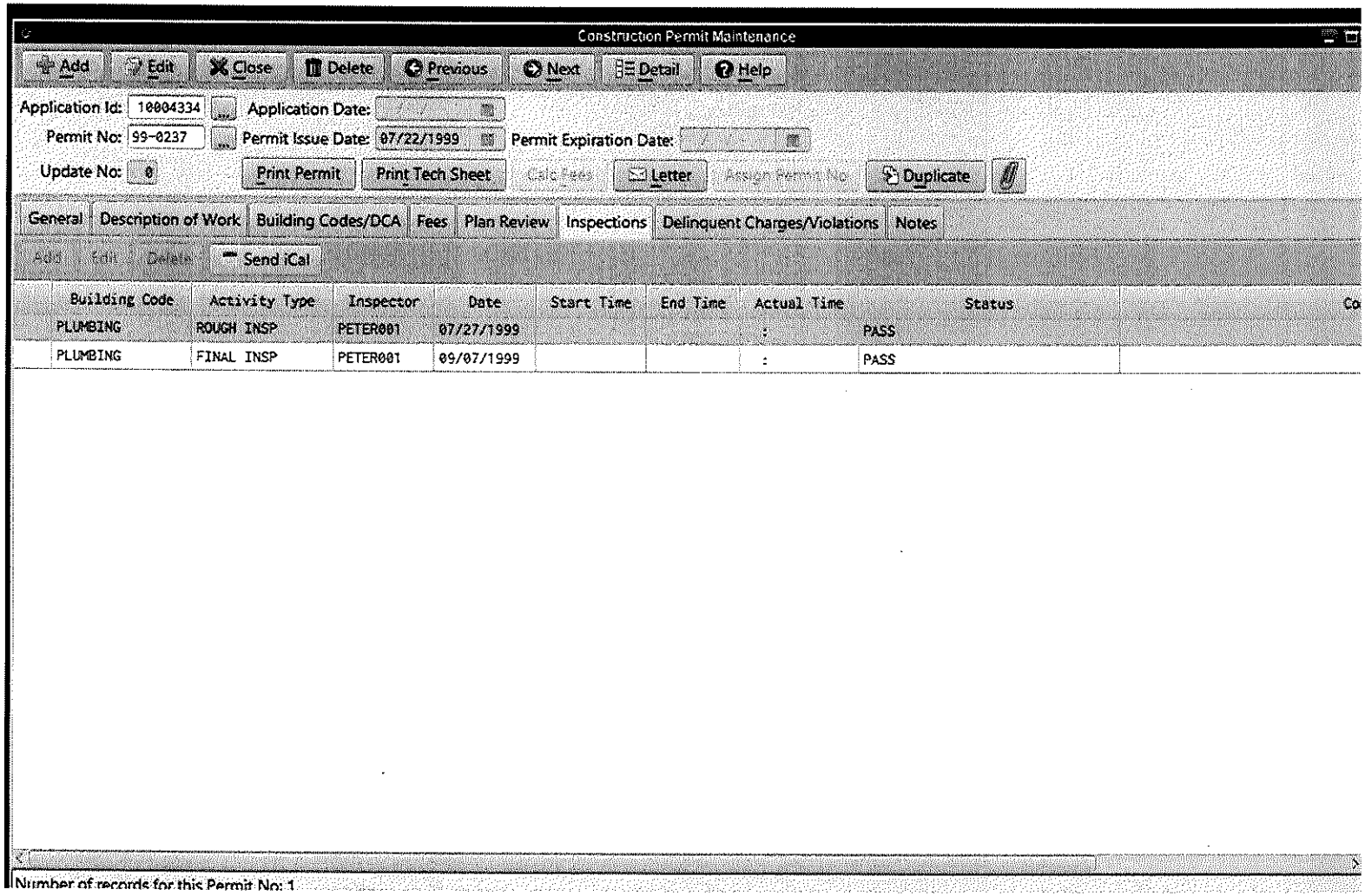
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country:
Phone:
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: ZZLEGCO
PRE-CONV CUST PERMIT OPEN
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed 09/07/1999
Primary Use Type: R-3
Additional Use Types:
Construction Type:
Work Type:
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA 09/07/1999 1 Print
2: Print
3: Print
Number of records for this Permit No: 1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Notes
Add
Edit
Delete
Send iCal
Building Code
Activity Type
Inspector
Date
Start Time
End Time
Actual Time
Status
PLUMBING
ROUGH INSP
PETER001
07/27/1999
:
PASS
PLUMBING
FINAL INSP
PETER001
09/07/1999
:
PASS
Number of records for this Permit No: 1

BLOCK 74 LOT 1 ADDRESS (SITE) 900 Park Ave. C741/1 PERMIT NO. 00-0050

[redacted]

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 900 PARK AVE. COLLINGSWOOD
2. Name of Owner in Fee: DR. D.A. WAITE Tel. [redacted]2
   Address 900 PARK AVE. COLLINGSWOOD (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: HARRY C. WITTMAIER, INC. Tel. (856) 858-1965
   Address 215 E. HOMESTEAD AVE. COLLINGSWOOD
   License No. OR, if new home, Builder Reg. No. 6204 Exp. Date _____
   Federal Emp. No. [redacted] Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work JOSEPH P. SCHMIDT Tel. (856) 858-1965

V. FEE SUMMARY (for office use only) +A

			Update	Update
1. Building	$		46.00	
2. Electrical		48.00		
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$	48.00	46.00	
7. Less 20% for State Plan Review				
8. Subtotal	$	48.00	46.00	
9. DCA Training Fee		1.00		
10. Subtotal	$		46.00	
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	49.00	46.00	

VI. BUILDING/SITE CHARACTERISTICS

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

3226
00146_034205 SF
20000050
0001519001

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☒ Plumbing	1500 —
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

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

2-16-00
2:25
pk
2-23-00
10:46
left message
w/ wife

U.C.C. Form F-100B

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

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

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

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

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

(X) Check if contractor.

Agent Name HARRY C. WITTMAIER, INC.

Address 215 E. HOMESTEAD AVE. COLLINGSWOOD

Telephone (856) 858-1965

Signature Joseph P. Schmidt Date FEB. 15, 2000

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

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 02/16/2000
Date Issued 2/16/2000
Control # C74/1
Permit # 00-0050

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

Block 74 Lot 1 Qual

Work Site Location 900 PARK AVENUE

Owner in Fee WAITE DONALD 27
Address 900 PARK AVENUE
COLLINGSWOOD, NJ 08108-
Tele. [redacted] Fax ( )
Contractor HARRY C WITTMAIER INC
Address 215 EAST HOMESTEAD AVENUE
COLLINGSWOOD, NJ 08108-
Tele.(609)858-1965
Lic. No. or Bldrs. Reg. No. 6204
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By: HW
Date: 7-31-03

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	5
0	Urinal / Bidet	0
0	Bath Tub	0
1	Lavatory	5
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
1	Sewer Pump	32
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Paid [ ] Check # 15940
Collected by: CC

Administrative Surcharge	$	6
Minimum Fee	$	0
TOTAL FEE	$	48 (42)
DCA Training Fee	$	1

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

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

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 02/16/2000
Date Issued 2/16/2000
Control # C74/1
Permit # 00-0050

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

Block 74 Lot 1 Qual
Work Site Location 900 PARK AVENUE

Owner in Fee WAITE DONALD 27
Address 900 PARK AVENUE
COLLINGSWOOD, NJ 08108-
Tele [redacted] Fax ( )
Contractor HARRY C WITTMAIER INC
Address 215 EAST HOMESTEAD AVENUE
COLLINGSWOOD, NJ 08108-
Tele.(609)858-1965
Lic. No. or Bldrs. Reg. No. 6204
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved by:
Date: 1-31-03 HW

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	5
0	Urinal / Bidet	0
0	Bath Tub	0
1	Lavatory	5
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
1	Sewer Pump	35
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Paid [ ] Check # 15940
Collected by: CC

Administrative Surcharge	$	6
Minimum Fee	$	0
TOTAL FEE	$	48
DCA Training Fee	$	1 (42)

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

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

OCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 02/16/2000
Date Issued 2/16/2000
Control # C74/1
Permit # 00-0050

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

Block 74 Lot 1 Qual
Work Site Location 900 PARK AVENUE

Owner in Fee MAIJE DONALD 27
Address 900 PARK AVENUE
COLLINGSWOOD, NJ 08108-
Tele. [redacted] Fax ( )
Contractor HARRY C WITTMAIER INC
Address 215 EAST HOMESTEAD AVENUE
COLLINGSWOOD, NJ 08108-
Tele.(609)858-1965
Lic. No. or Bldrs. Reg. No. 6204
Federal Emp. No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,500

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Approved By: [signature]
Date: 5-31-03

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				
FINAL			7-31-03	

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	5
0	Urinal / Bidet	0
0	Bath Tub	0
1	Lavatory	5
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
1	Sewer Pump	32
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Paid [ ] Check # 1548
Collected by: CD

Administrative Surcharge	$	6
Minimum Fee	$	0
TOTAL FEE	$	48
OCA Training Fee	$	1

U.C.C. f130 (rev. 3/96)

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

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 02/22/2000
Date Issued 02/22/2000
Control #
Permit # 00-0050+A

(1)

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

Block 74 Lot 1 Qual

Work Site Location 900 PARK AVENUE

Owner in Fee WAITE DONALD 27

Address 900 PARK AVENUE

COLLINGSWOOD, NJ 08108-

Tele. [redacted] Fax ( )

Contractor D. ROBINSON ELECTRIC

Address 183 LAWNSIDE AVENUE

COLLINGSWOOD, NJ 08108-

Tele.(856)858-1665

Lic. No. or Bldrs. Reg. No. 10088

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 300

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3/14/00
Approved By: AG.

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
1		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	18
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Paid [ ] Check # 1402
Collected by: CR

Administrative Surcharge	$	6
Minimum Fee	$	22
TOTAL FEE	$	46
DCA Training Fee	$	0

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

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

Update Issued 02/22/2000
Control #
Permit # 00-0050+A
Permit Issued 02/16/2000

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 74 Lot 1 Qual

Work Site Location 900 PARK AVENUE

Owner in Fee WAITE DONALD 27
Address 900 PARK AVENUE
COLLINGSWOOD, NJ 08108-
Telephone [redacted]

Contractor D. ROBINSON ELECTRIC
Address 183 LAWNSIDE AVENUE
COLLINGSWOOD, NJ 08108-
Telephone (856)858-1665
Lic. No. or Bldrs. Reg. No. 10088
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
1 - 1/2 HP MOTOR

PAYMENTS (Office Use Only)

Building	0
Electrical	46
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	46
Check No.	1402
Cash	
Collected By	

Estimated Cost of Work $ 300

William Joseph
Construction Official

02/22/2000
Date

U.C.C. F190 (rev. 3/96)

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

Date Issued 2/16/2000
Control # C74/1
Permit # 00-0050

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 74 Lot 1 Qual

Work Site Location 900 PARK AVENUE

Owner in Fee WAITE DONALD 27
Address 900 PARK AVENUE
COLLINGSWOOD, NJ 08108-
Telephone [redacted]

Contractor HARRY C WITTMAIER INC
Address 215 EAST HOMESTEAD AVENUE
COLLINGSWOOD, NJ 08108-
Telephone (609)858-1965
Lic. No. or Bldrs. Reg. No. 6204
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL LAVATORY, TOILET AND SEWER PUMP.

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

Estimated Cost of Work $ 1,500

William Joseph
Construction Official

2/16/2000
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	48
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	49
Check No.	16940
Cash	
Collected By	

U.C.C. F170 (rev. 3/96)

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # 00-00507A
Permit #

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

Block _____ Lot _____
Work Site Location 900 PARK AVE.
Collingswood
Owner in Fee/Occupant DR. & MRS. Waite
Address 900 Park Ave.
Collingswood
Tele. (8) _____
Contractor D. Robinson Electric
Address 183 Lawnside Ave.
Collingswood N.J.
Tele. (856) 858-1665 Fax (_____) _____
Lic. No. 10884
Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Douglas S. Robinson
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

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

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

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # C74/1
Permit #

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

Block 74 Lot 1
Work Site Location 900 PARK AVENUE COLLINGSWOOD

Owner in Fee DR. D.A. WAITE
Address 900 PARK AVE. COLLINGSWOOD

Tele. (856) 854-4452
Contractor HARRY C. WITTMAIER, INC.
Address 215 E. HOMESTEAD AVE. COLLINGSWOOD

Tele. (856) 858-1965 Fax (856) 858-1972
Lic. No. 6204
Federal Emp. No. [redacted]

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 $ 1500.00

JOB SUMMARY (Office Use Only)

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Joseph P. Schmidt
Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

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

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

BLOCK 74 J LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 900 Park Ave PERMIT NO. 20-00110

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 900 Park Ave Collingswood, NJ 08108
2. Name of Owner in Fee: Don Waite
   Tel. [redacted] e-mail _____
   Address 900 Park Ave (street) Collingswood, NJ (municipality) 08108 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Sovereign Electric Tel. (856) 552-0946
   Address 526 Cinnaminson Ave e-mail _____
   Palmyra, NJ 08065
   License No. OR, if new home, Builder Reg. No. 15785 Exp. Date 03/31/2021
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. [redacted] FAX: (856) 552-0951
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. _____ FAX: _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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

RECEIVED FEB 28 2020 BY

(office use only)

00146_052182 20-00110 4291 SF 0 0 2 5 P B W *

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical	1,200				3/3/20	DF			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$1,200								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: R-5
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

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

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

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

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name Sovereign Electric

Address 526 Cinnaminson Ave

Palmyra, NJ 08065

Telephone (856) 552-0946

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

CERTIFICATE

Permit #: 20-00110
Date Issued: 03/06/20
Certificate Issued Date: 03/16/20

IDENTIFICATION

Work Site Location: 900 PARK AVE
Block/Lot/Qual: 74. 1.
Owner in Fee: WAITE, DONALD A & YVONNE S
Address: 900 PARK AVE
COLLINGSWOOD, N J 08108

Contractor: SOVEREIGN ELECTRIC
Address: 526 CINNAMINSON AVENUE
PALMYRA, NJ 08065

Tel.: (856)552-0946
Fax: (856)552-0946
Lic. No. or Bldrs. Reg. No: 15785
Federal Employer No: [redacted]

Home Warranty No:
Type of Warranty Plan:
Use Group: R-5 Res; 1 & 2 Family
Maximum Live Load:
Construction Classification:
Max Occupancy Load:
Description of Work/Use: INSTALL (2) EXIT/EMERGENCY FIXTURES AND (1) REMOTE HEAD

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.

TEMPORARY CERTIFICATE OF 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 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 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 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 immediate 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 — Date 3/24/20

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 20-00110
Issue Date: MAR 0 6 2020
Application Id: 90006096
Application Date: 03/04/20

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

Block/Lot/Qual: 74. 1.
Work Site Location: 900 PARK AVE

Owner in Fee: WAITE, DONALD A & YVONNE S
Tel. [redacted] email:
900 PARK AVE COLLINGSWOOD, N J 08108
Contractor: SOVEREIGN ELECTRIC Tel. (856)552-0946
526 CINNAMINSON AVENUE email: MARK@SOVEREIGNELECTRIC.NET
PALMYRA, NJ 08065
Contractor License No.: 15785 Exp Date: 03/31/21
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX: (856)552-0946

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 1,200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Electric Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 3/12/20
Approved by: DM

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3/12/20	DM
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 _____

OCD Work Viewed INSP Only

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: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
INSTALL (2) EXIT/EMERGENCY FIXTURES AND

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
2		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	$ 50.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	15.00
State Permit Surcharge Fee	$	2.00
TOTAL FEE	$	67.00

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

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

CONSTRUCTION PERMIT

Permit #: 20-00110
Date Issued: MAR 0 6 2020

IDENTIFICATION Block/Lot/Qual: 74. 1.
Work Site Location: 900 PARK AVE
Owner in Fee: WAITE, DONALD A & YVONNE S
Address: 900 PARK AVE
COLLINGSWOOD, N J 08108
Tel. [redacted]

Contractor: SOVEREIGN ELECTRIC
Address: 526 CINNAMINSON AVENUE
PALMYRA, NJ 08065
Tel. (856)552-0946
Lic. No. or Bldrs. Reg. No. 15785

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL (2) EXIT/EMERGENCY FIXTURES AND
(1) REMOTE HEAD

PAYMENTS (Office Use Only)	
Building	
Electrical	65.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	2.00
Cert. of Occupancy	
Other	
Total	67.00

Check No. _____
Cash _____
Collected by _____

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

Est. Cost of Work $ 1200.00

_____ _____
Construction Official Date

(see reverse side)

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

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

BOROUGH OF COLLINGSWOOD

03/05/20 16:19 Invoice Payment

Customer: SOVEREOI
Name: SOVEREIGN ELECTRIC

Invoice: I2000132
Permit No: 20-00110

Item 2	0.00
Emergency & Exit Lights	
Item 1	2.00
DCA Alteration Fee	
Item 3	50.00
TOTAL ELECTRICAL FIXTURES	
Item 4	15.00
Electric Min Fee	
	67.00

Batch Id: COUNTER2
Ref Num: 18985 Seq: 86 to 89

Cash Amount:	67.00
Check Amount:	0.00
Credit Amount:	0.00
Total:	67.00
Cash Tendered:	80.00
Change Due:	13.00

BOROUGH OF COLLINGSWOOD
Municipal Building
678 HADDON AVENUE
Collingswood, NJ 08108
ATTN: Construction Office
(856)854-0720 Ext: 132

INVOICE #
I2000132

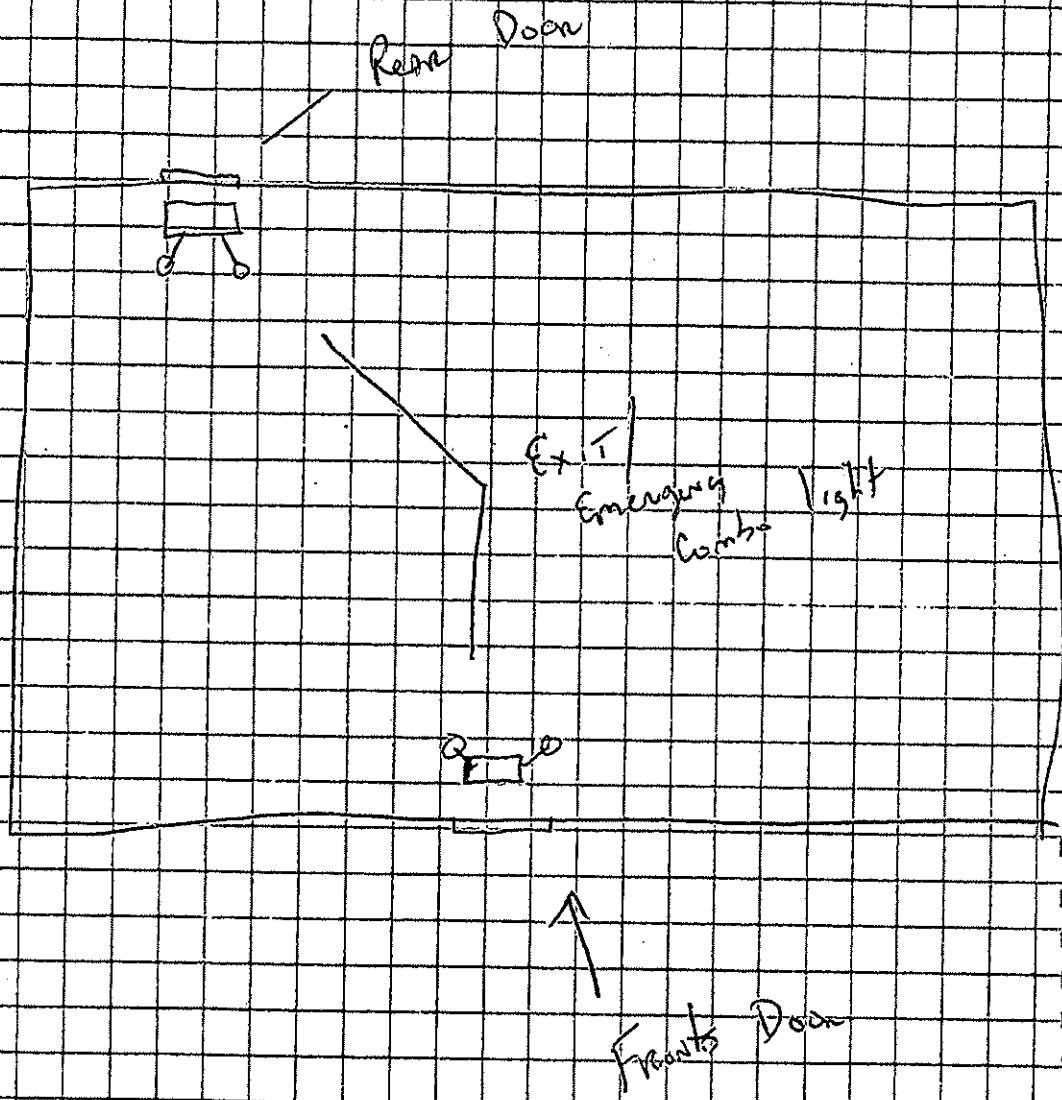
INVOICE DATE: 03/04/20
DUE DATE: 04/03/20

ACCOUNT ID: SOVERE01

SOVEREIGN ELECTRIC
526 CINNAMINSON AVENUE
PALMYRA, NJ 08065

PERMIT INFORMATION
PERMIT NO: 20-00110
LOCATION: 900 PARK AVE
OWNER: WAITE, DONALD A & YVONNE S

QUANTITY/UNIT	SERVICE ID	DESCRIPTION	UNIT PRICE	AMOUNT
1.0000	UCDCAALT	DCA Alteration Fee Permit No: 20-00110	2.000000	2.00
2.0000	UCE07A	Emergency & Exit Lights Permit No: 20-00110	0.000000	0.00
1.0000	UCE11A	TOTAL ELECTRICAL FIXTURES Permit No: 20-00110	50.000000	50.00
1.0000	UCE29J	Electric Min Fee Permit No: 20-00110	15.000000	15.00
			TOTAL DUE:	$ 67.00



PLAN REVIEW/RELEASE

BUILDING

ELECTRICAL BP 3/3/16

PLUMBING

FIRE

C.O.

OFFICE COPY

ELECTRICAL 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 74 Lot 1 Qualification Code

Work Site Location 900 Parke Ave
Collingswood, NJ 08108

Owner in Fee: Dan Waite

Tel. [redacted] e-mail

Address 900 Park Ave (street) Collingswood, NJ (municipality) 08108 (zip code)

Contractor: Sovereign Electric Tel. (856) 552-0946

Address 526 Cinnaminson Ave e-mail mark@sovereignelectric.net
Palmyra, NJ 08065

Contractor License No. 15785 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No [redacted] FAX: (856) 552-0951

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial Underslab Utilities Approved
Date: 3/5/20 Approved by:
[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Mark Vanselous

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Install (2)exit/emergencyfixtures& (1) Remote Head

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

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

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

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

BLOCK 74 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 900 Park Ave. PERMIT NO. 20-00114

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 900 Park Ave
2. Name of Owner in Fee: Daniel Waite
   Tel. [redacted] e-mail bft@biblefortoday.com
   Address 900 Park Ave (street) Collingswood Borough (municipality) 08108 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Steelway Cellar Doors Tel. (610) 277-9988
   Address 290 E. Church Road e-mail info@cellardoors.com
   King of Prussia, PA 19406
   License No. OR, if new home, Builder Reg. No. 13VH02918400 Exp. Date 03/31/2020
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] FAX: (610) 277-1440
5. Architect or Engineer SE2 Engineering, LLC Contact _____
   Address 1705 Butler Pike, Conshohocken, PA e-mail _____
   Tel. (610) 828-1550 FAX: _____
6. Responsible Person in Charge once Work has Begun Larry Conroy
   Tel. (610) 277-9988 FAX: (610) 277-1440

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	330		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 18		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy	338		
12. Other			
13. TOTAL	$		

338 CA 3/5/20 312

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

RECEIVED FEB 28 2020 By

4291 SF 00146_052182 20-00114 *00025P8V*

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☒ Building	9,500				3/4/20	Up			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$9,500								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: R-5
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____ _____
   Gained, Rental _____ _____
   Lost, Sale _____ _____
   Lost, Rental _____ _____

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name Jill Keller of Steelway Cellar Doors

Address 290 E. Church Road

King of Prussia, PA 19406

Telephone (610) 277-9988

Signature Jill Keller

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

CERTIFICATE

Permit #: 20-00114
Date Issued: 03/06/20
Certificate Issued Date: 06/15/20

IDENTIFICATION

Work Site Location: 900 PARK AVE
Block/Lot/Qual: 74. 1.
Owner in Fee: WAITE, DONALD A & YVONNE S
Address: 900 PARK AVE
COLLINGSWOOD, N J 08108

Contractor: STEELWAY CELLAR DOORS
Address: 290 E CHURCH ROAD
KING OF PRUSSIA, PA 19406

Tel.: [redacted]
Fax: (610)277-1440
Lic. No. or Bldrs. Reg. No: 13VH02918400
Federal Employer No: [redacted]

Home Warranty No:
Type of Warranty Plan:
Use Group: R-5 Res; 1 & 2 Family
Maximum Live Load:
Construction Classification:
Max Occupancy Load:
Description of Work/Use: BASEMENT EGRESS. EXCAVATE, REMOVE CONCRETE AREAWAY, EXTEND EXISTING OPENING, AND INSTALL A CUSTOM STEEL WINDOW WELL.

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.

TEMPORARY CERTIFICATE OF 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 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 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 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 immediate 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

6/18/20
Date

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 20-00114
Issue Date: MAR 0 6 2020
Application Id: 90006100
Application Date: 03/04/20

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

Block/Lot/Qual: 74. 1.

Work Site Location: 900 PARK AVE

Owner in Fee: WAITE, DONALD A & YVONNE S

Tel. [redacted] email:

900 PARK AVE COLLINGSWOOD, N J 08108

Contractor: STEELWAY CELLAR DOORS Tel. (610)277-9988

290 E CHURCH ROAD email: INFO@CELLARDOORS.COM

KING OF PRUSSIA, PA 19406

Contractor License No. or Builder Registration No.: 13VH02918400 Exp Date: 03/31/21

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

Federal Emp. ID No. [redacted] FAX: (610)277-1440

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
BASEMENT EGRESS. EXCAVATE, REMOVE CONCRETE AREAWAY, EXTEND EXISTING OPENING, AND INSTALL A CUSTOM STEEL WINDOW WELL.

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: 6/17/20
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	6-3-20		6-11-20	AOH
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] 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)

	$
	320.00
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 18.00
TOTAL FEE	$ 338.00

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Constr. Class Present _____ Proposed _____

No. of Stories	0.00
Height of Structure	ft.
Area — Largest Floor	sq. ft.
New Bldg. Area/All Floors	0 sq. ft.
Volume of New Structure	0 cu. ft.
Max. Live Load	
Max. Occupancy Load	

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg.	$
2. Rehabilitation	$ 9,500.00
3. Total (1+ 2)	$ 9,500.00

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

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

CONSTRUCTION PERMIT

Permit #: 20-00114
Date Issued: MAR 0 6 2020

IDENTIFICATION Block/Lot/Qual: 74. 1.
Work Site Location: 900 PARK AVE
Owner in Fee: WAITE, DONALD A & YVONNE S
Address: 900 PARK AVE
COLLINGSWOOD, N J 08108
Tel. [redacted]

Contractor: STEELWAY CELLAR DOORS
Address: 290 E CHURCH ROAD
KING OF PRUSSIA, PA 19406
Tel. (610)277-9988
Lic. No. or Bldrs. Reg. No. 13VH02918400

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
BASEMENT EGRESS. EXCAVATE, REMOVE CONCRETE AREAWAY, EXTEND EXISTING OPENING, AND INSTALL A CUSTOM STEEL WINDOW WELL.

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

Est. Cost of Work $ 9500.00

_____ Construction Official

_____ Date

PAYMENTS (Office Use Only)	
Building	320.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	18.00
Cert. of Occupancy	
Other	
Total	338.00

Check No. _____
Cash _____
Collected by _____

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

(see reverse side)

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

BOROUGH OF COLLINGSWOOD

03/05/20 16:24 Invoice Payment

Customer: STEEL005
Name: STEELWAY CELLAR DOORS

Invoice: I2000136
Permit No: 20-00114

Item 1	18.00
DCA Alteration Fee	
Item 2	320.00
Rehabilitation/Alterations	
	338.00

Batch Id: COUNTER2
Ref Num: 18985 Seq: 90 to 91

Cash Amount:	338.00
Check Amount:	0.00
Credit Amount:	0.00
Total:	338.00
Cash Tendered:	340.00
Change Due:	2.00

BOROUGH OF COLLINGSWOOD
Municipal Building
678 HADDON AVENUE
Collingswood, NJ 08108
ATTN: Construction Office
(856)854-0720 Ext: 132

INVOICE #
I2000136

INVOICE DATE: 03/04/20
DUE DATE: 04/03/20

ACCOUNT ID: STEEL005

STEELWAY CELLAR DOORS
290 E CHURCH ROAD
KING OF PRUSSIA, PA 19406

PERMIT INFORMATION
PERMIT NO: 20-00114
LOCATION: 900 PARK AVE
OWNER: WAITE, DONALD A & YVONNE S

QUANTITY/UNIT	SERVICE ID	DESCRIPTION	UNIT PRICE	AMOUNT
1.0000	UCDCAALT	DCA Alteration Fee Permit No: 20-00114	18.000000	18.00
1.0000/$	UCB03A	Rehabilitation/Alterations Permit No: 20-00114	320.000000	320.00
			TOTAL DUE:	$ 338.00

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 14 Lot 1 Qualification Code

Work Site Location 900 Park Ave
Collingswood, NJ 08108

Owner in Fee: Daniel Waite

Tel. [redacted] e-mail bft@biblefortoday.com

Address 900 Park Ave (street) Collingswood Borough (municipality) 08108 (zip code)

Contractor: Steelway Cellar Doors Tel. (610) 277-9988

Address 290 E. Church Road e-mail info@cellardoors.com
King of Prussia, PA 19406

Contractor License No. or Builder Registration No. 13VH02918400 Exp. Date 03/31/2020

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

Federal Emp. ID No. [redacted] FAX: (610) 277-1440

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [X] Exterior Egress Window 3/4/20 CK
- [ ] 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				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 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 VB Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 9,500
3. Total (1+ 2) $ 9,500

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

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: Jill Keller

Print name here: Jill Keller

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Basement Egress: Excavate, remove concrete areaway, extend existing opening, and install a custom steel window well.

TYPE OF WORK:

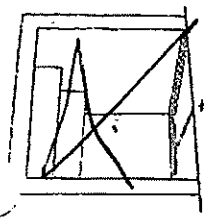
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [X] Other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

FEE (Office Use Only)

$

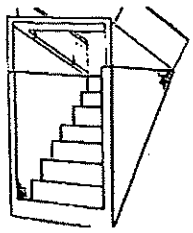
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

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



STEELWAY
Cellar Doors

290 E. Church Road King of Prussia, PA 19406
(610) 277-9988 (610) 277-1440 FAX



Name: Daniel Waite
Address: 900 PARK AVE
City, State Zip: Collingswood NJ 08108

Date: 2-18-2020

We install our window egress in just ONE DAY

Add a Window Well Egress

Thank you for considering Steelway Cellar Doors to add a code compliant window well egress to your home. While we do this nearly every day, we recognize that you may have some questions so we like to put it all in writing.

1. Steelway will call **811- Before You Dig** and arrange for marking as needed.
2. We will arrive at a designated time and excavate a hole about 6 X 6 next to your home.
3. Unless specifically arranged in advance we are not responsible for fences or plant damage around the work area. **Customer must have these items removed or relocated before the installation date.**
4. **We use yard mats when necessary and place excavated dirt onto our mats. While we are as careful as can be, we are not responsible for walkway/sidewalk/driveway damage.**
   KW Initial
   a. These are construction vehicles **and may leave marks.** In rare cases they can leave ruts that are quite deep.
5. If you have a finished basement, the drywall or any obstructions must be removed prior to the installation date.
6. We then cut a hole in your foundation per the job specifications. We use a hydraulic powered, water cooled track saw to minimize dust. There will be a small amount of water that will make it into the basement. If you have carpeting you will need to pull it back about 8 feet. STEEL WELL - JUMBO
7. We then lower into place a ~~5000psi pre-cast window well~~ or product of your choice and fasten them to your wall.
8. We back fill around the unit and remove the excess dirt. CUSTOM WINDOW
9. We install either a ~~48 wide x 50~~ tall or a ~~48 wide x 60~~ tall double insulated slider (or other size or style if applicable). (Both windows are operable and can be removed for loading large things into the basement) The window comes with a manufacturer's lifetime warranty. Steel Well - manufacturer's lifetime warranty. Concrete Well - 15 year warranty.
10. We install a pvc drain below the base of the window into your perimeter drain to ensure proper drainage, this is very important.
11. It is extremely rare, but if you have a high water table or poor drainage it is possible that water may creep up from below. We will return to install a pump in the well for $900 Again, it is rare we need to go to these lengths but we want to make you aware.
12. The customer is responsible for keeping downspouts clear and moving all water away from the window well opening. It is also your responsibility to keep the bottom of the well clear of leaves and debris in order to allow for drainage.
    K DW Initial
13. Our new and improved window well cover is strong enough to hold 250lbs yet easy enough to open that a 4 year old can do it.
14. Steelway will apply for the permits but the cost of the permit is the homeowner's responsibility usually around $120 but can be as high as $300. New Jersey and some townships require raised seal drawings that cost an extra $300, ask your salesperson if this applies to you.
    X W Initial
15. We do not have any "unable to dig, existing water drainage issue or contaminated soil clauses" in our contract.
16. Permits from your Municipality can take 2 to 6 weeks, we then need to allow time for scheduling. Please allow 4 to 8 weeks for installation. Actual installation will take ONE DAY.
17. We request a deposit of $1000.00 with the balance due upon completion.
18. We carry all necessary insurance.
19. You may cancel this contract if we receive written notice to the address listed above within three days of signing the agreement.
20. The price to complete this job to your satisfaction is $ ~~9500~~ 9500.00 (note this does not include permit/document fees) We accept cash or check or credit cards(there is a 3% processing fee for credit cards)

By signing below you acknowledge that you have read and agree to the above items and want us to begin the process of adding a window well egress to your basement. If you have any questions please do not hesitate to call and ask for clarification.

Sincerely,

Steelway Cellar Doors

Customer's Signature / Date

Total Expected Price:
Plus permit fees

Notes: * Sump Pump *

STEELWAY
Cellar Doors

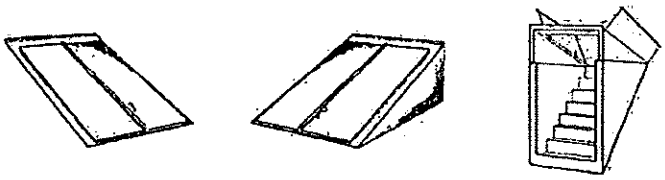


Exhibit # 1 removing existing concrete areaway

Exhibit # 2 extend vertical window opening to 33" tall also 40" off basement floor

Exhibit # 3 ~~finished~~ 67 x 33 window cut, leaving existing header in place

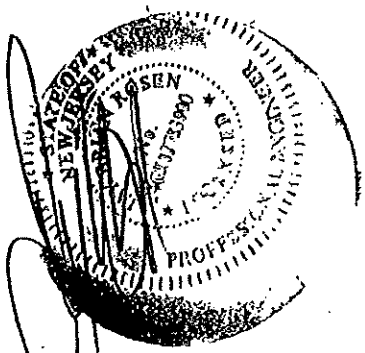
Exhibit # 4 Top view w/ dimensions of 12ga structurally reinforced galvanized window well

Exhibit # 5 profile view of window well w/ dimensions (12 ga galvanized material)

PLAN REVIEW/RELEASE
BUILDING Apr 3/4/20
ELECTRICAL
PLUMBING
FIRE
C.O.

OFFICE COPY

900 Park Avenue
Collingswood, NJ 08108



SE2 Engineering, LLC
Professional Engineers
1705 Butler Pike
Conshohocken, PA 19428

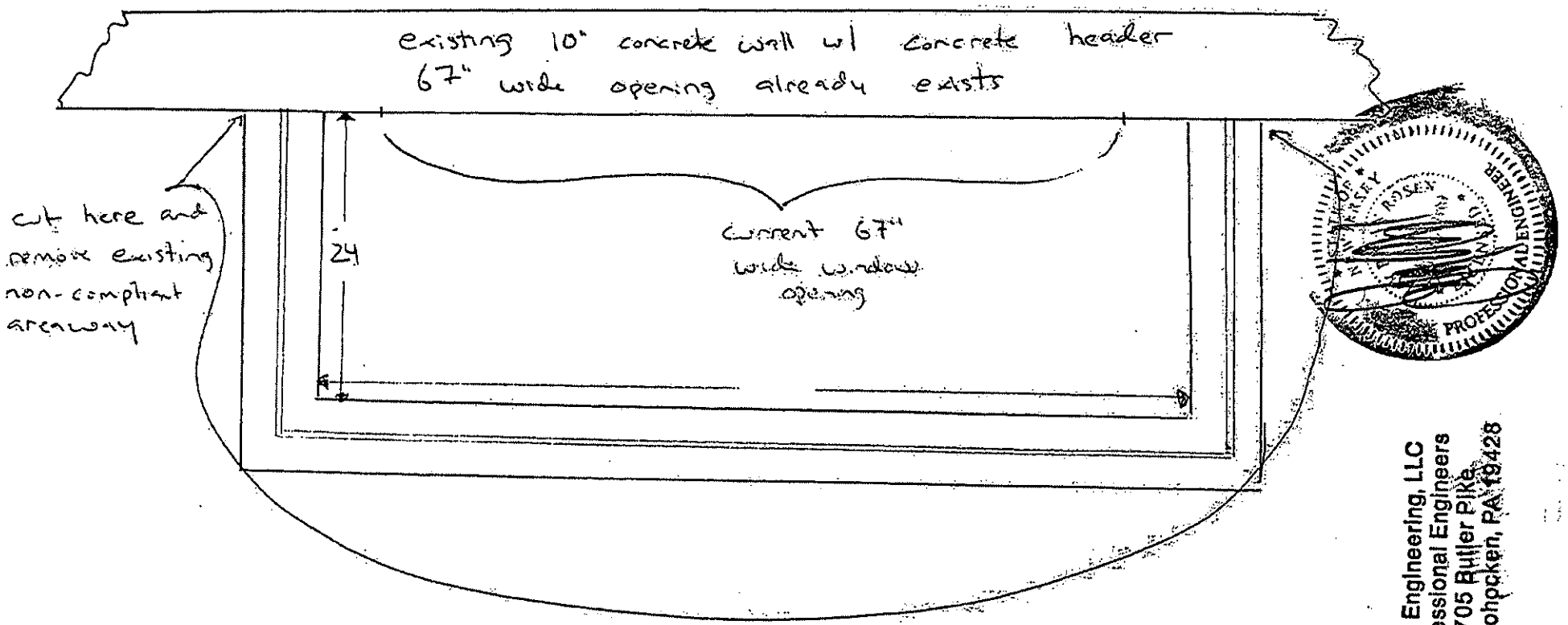
290 E. Church Road • King of Prussia, PA 19406
(610) 277-9088 • (610) 277-1440 Fax • www.cellardoors.com

Exhibit # 1

house

TOP VIEW

900 Park Avenue
Collingswood, NJ 08108

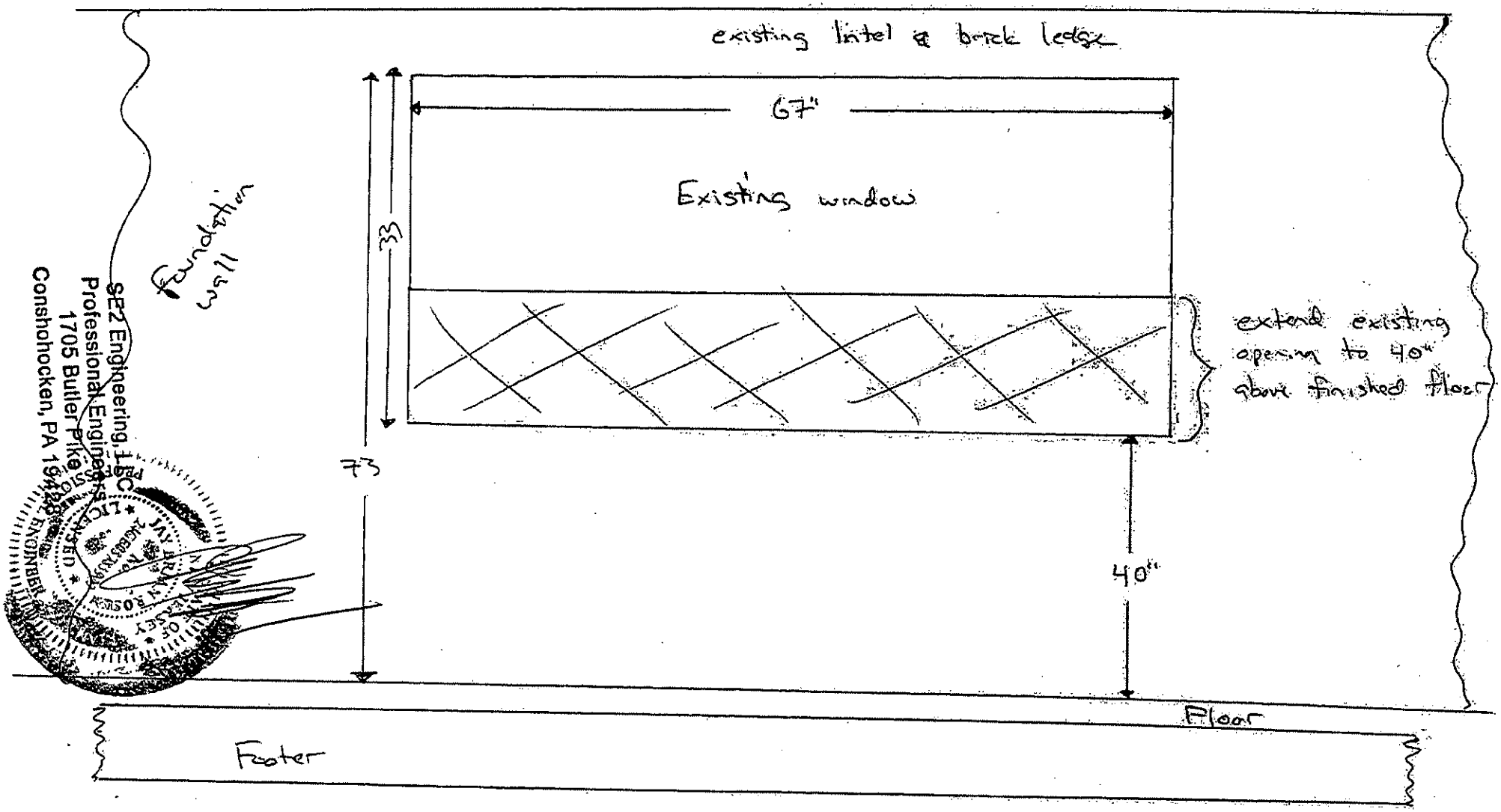


SE2 Engineering, LLC
Professional Engineers
1705 Butler Pike
Conshohocken, PA 19428

Exhibit #2

house

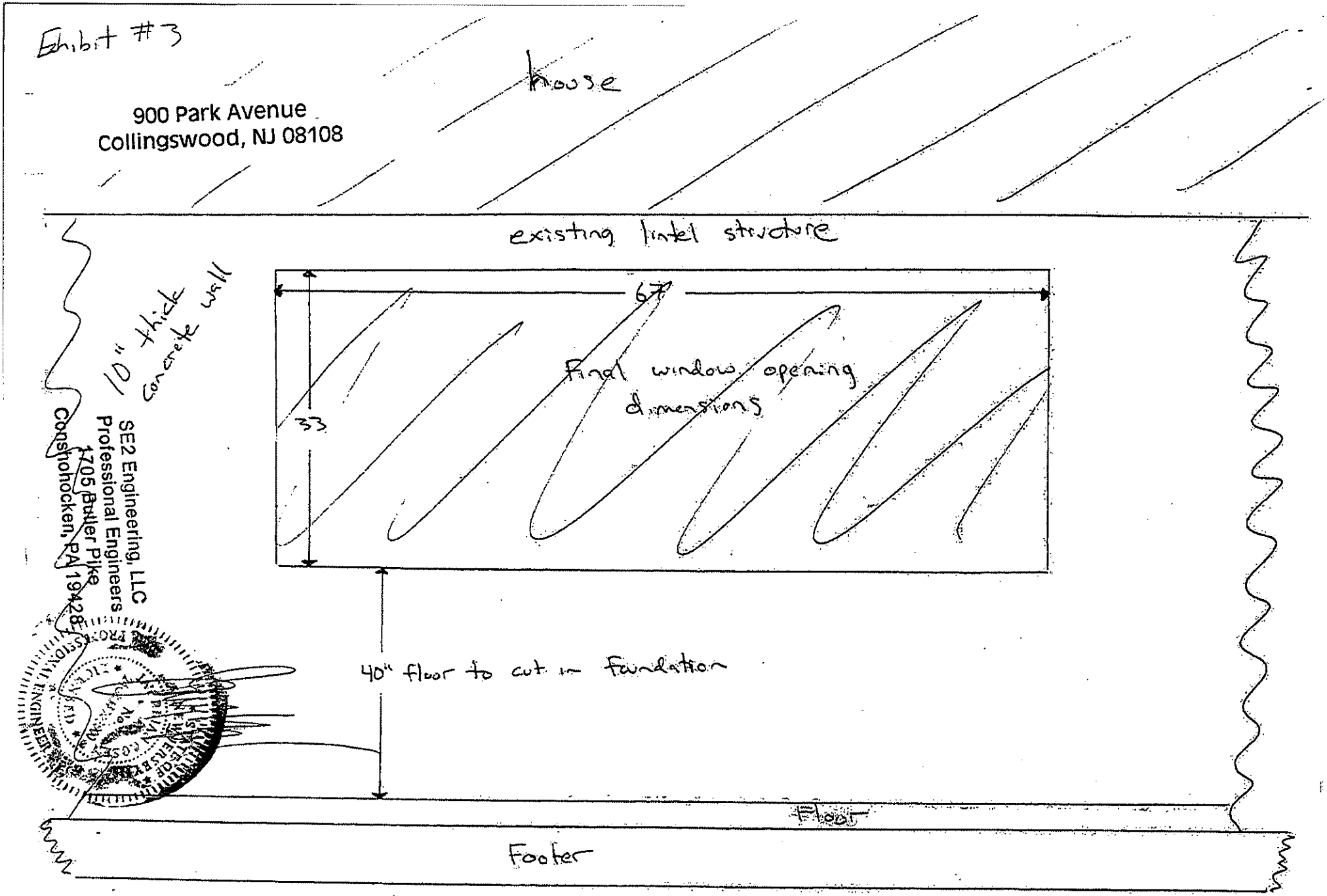
900 Park Avenue
Collingswood, NJ 08108



SE2 Engineering, LLC
Professional Engineering Services
1705 Butler Pike
Conshohocken, PA 19428

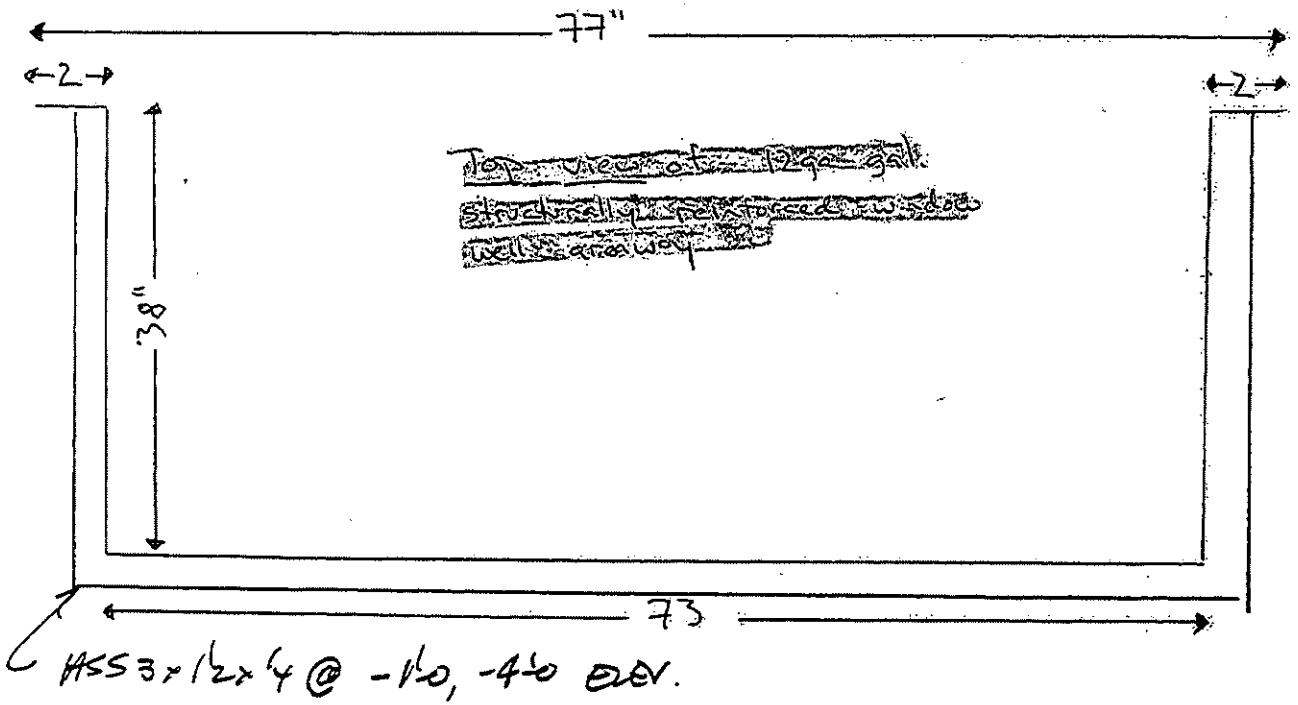
Exhibit #3

900 Park Avenue
Collingswood, NJ 08108



SE2 Engineering, LLC
Professional Engineers
1705 Butler Pike
Conshohocken, PA 19428

Exhibit #4



900 Park Avenue
Collingswood, NJ 08108

SE2 Engineering, LLC
Professional Engineers
1705 Butler Pike
Conshohocken, PA 19428

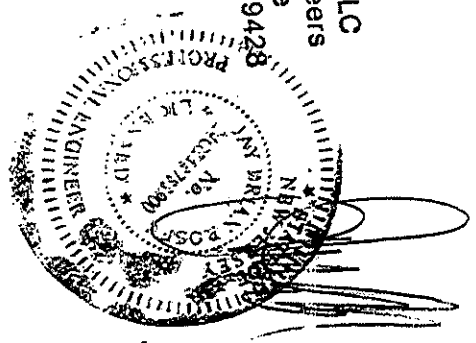
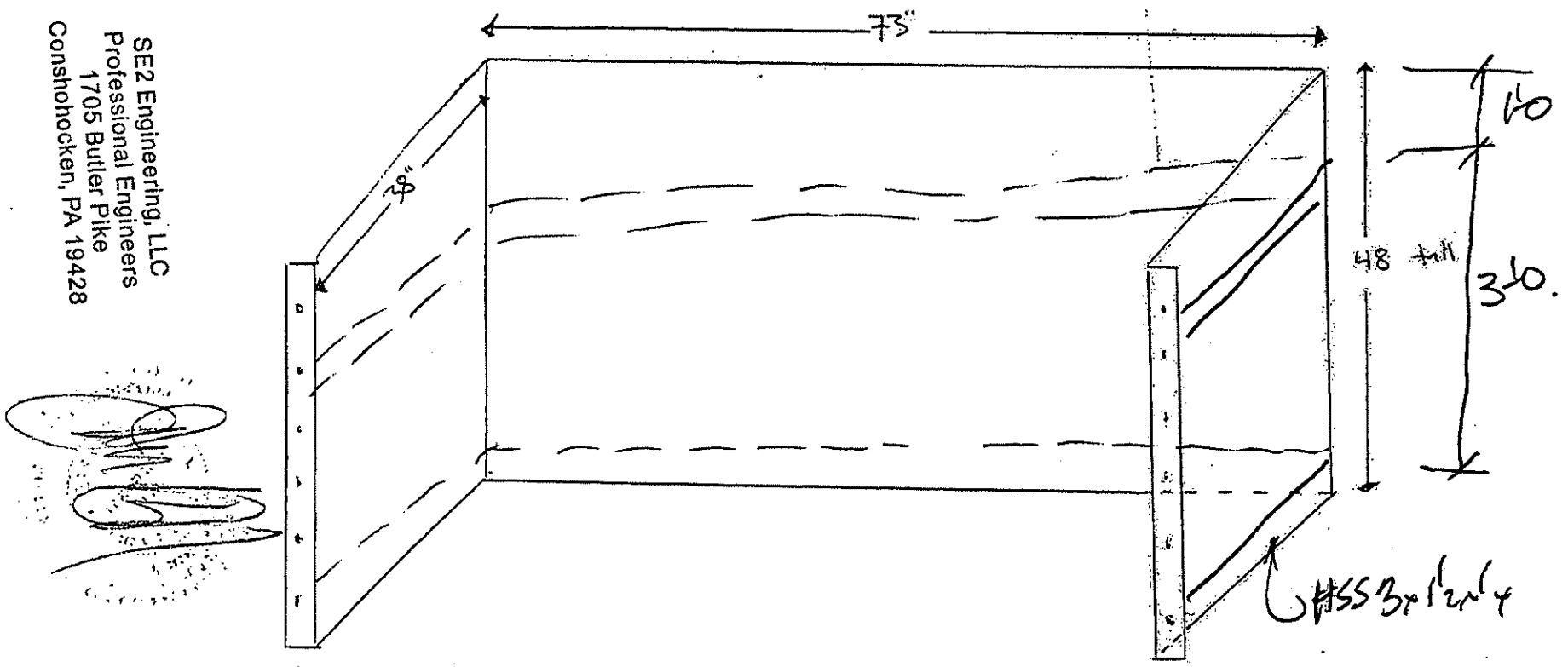


Exhibit #5

900 Park Avenue
Collingswood, NJ 08108

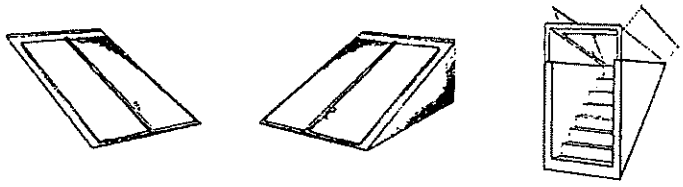
Profile of window well areaway

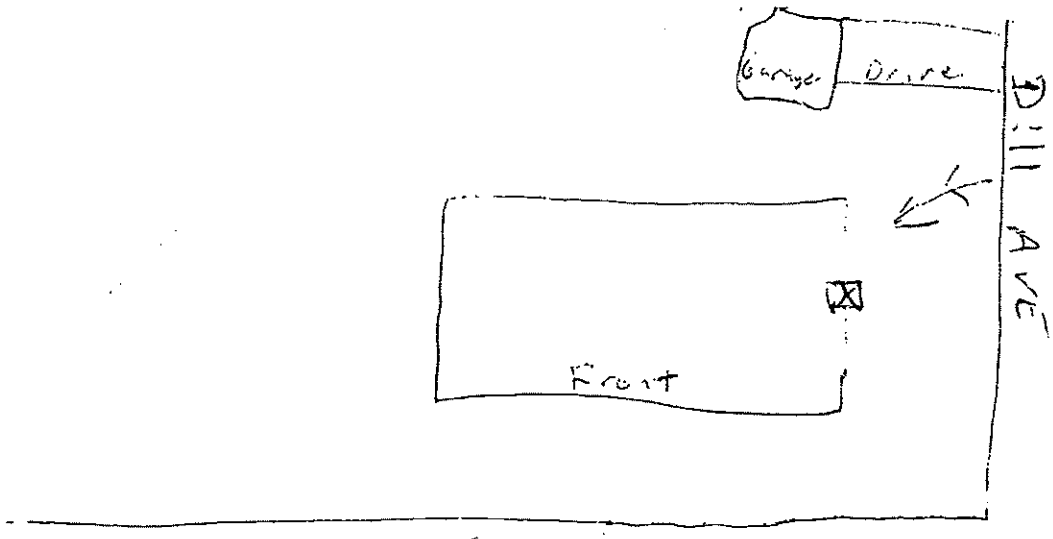
SE2 Engineering, LLC
Professional Engineers
1705 Butler Pike
Conshohocken, PA 19428




Park Ave
Dill Ave
641
Park Ave
641
Park Ave
Bing

STEELWAY
Cellar Doors

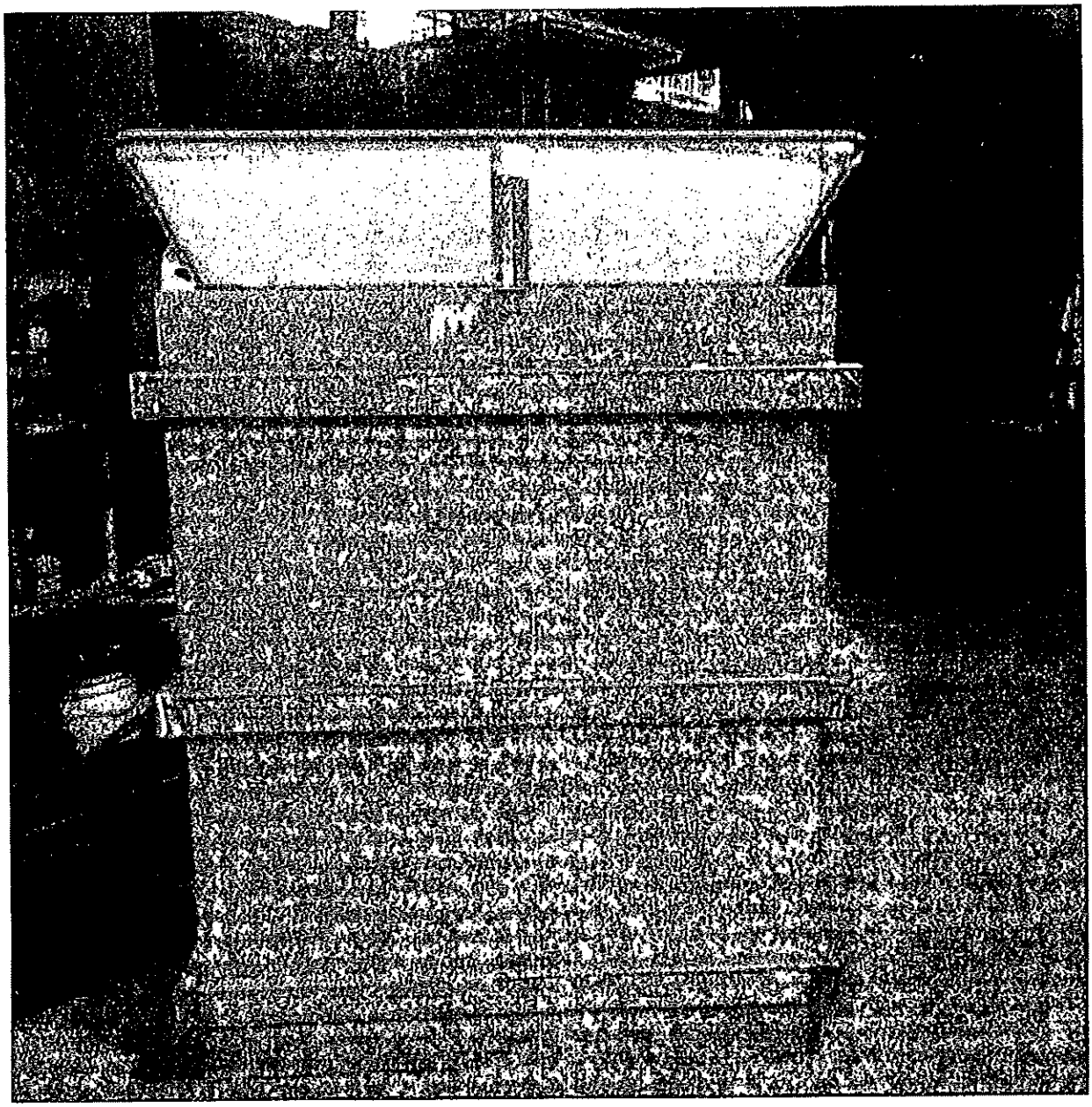




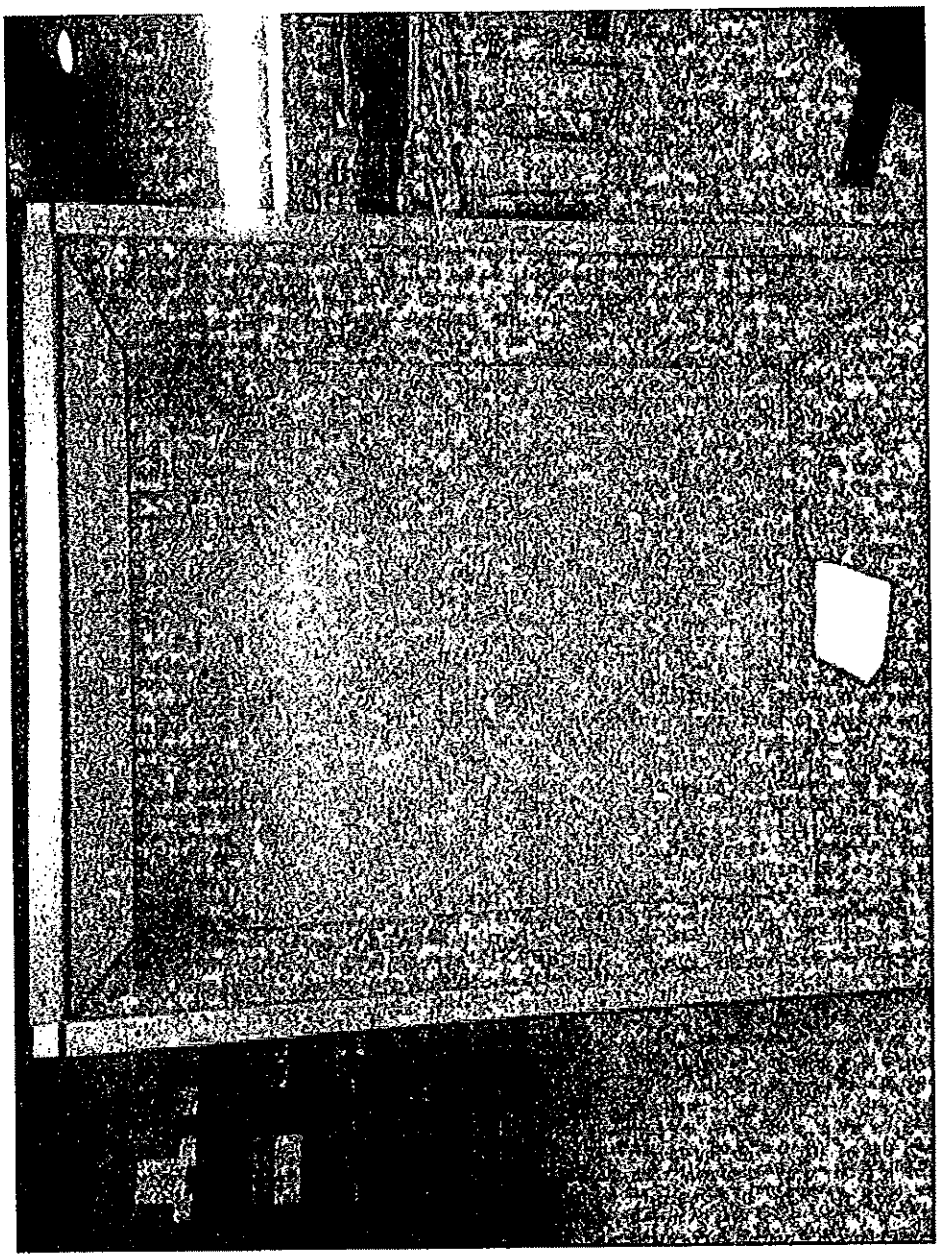
NOT TO SCALE

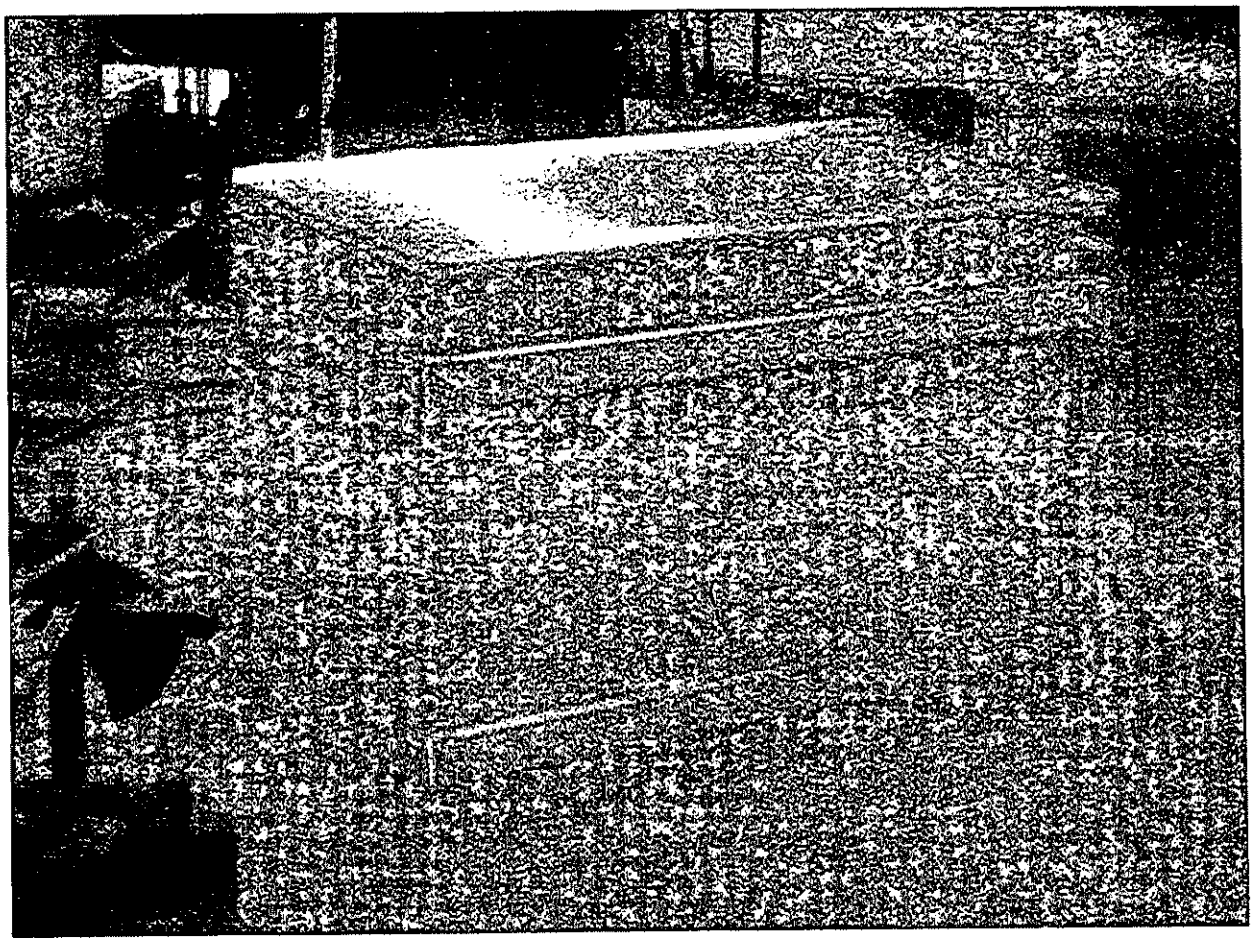
290 E. Church Road • King of Prussia, PA 19406
(610) 277-9988 • (610) 277-1440 Fax • www.cellardoors.com

900 PARK AVE



900 PINE AVE





areaway

no to scale

900
PARK AVE

another inspired idea

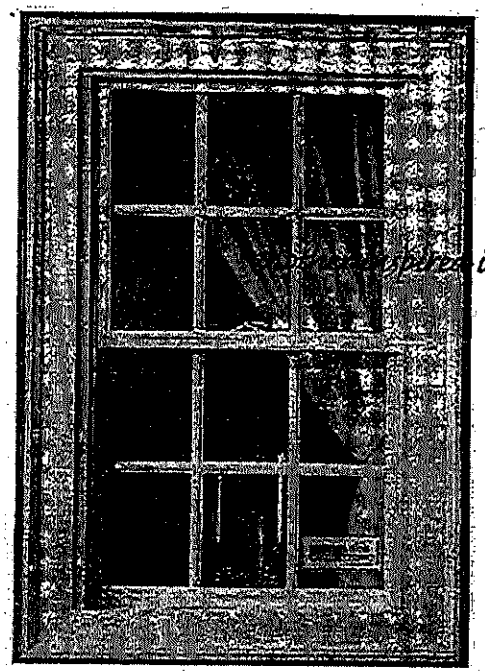
UNITED WINDOW & DOOR MANUFACTURING, INC.

24-36 Fadem Road, Springfield, NJ 07081

888.630.4100

www.unitedwindowmfg.com

Window Care, Warranty & Service



another inspired idea

Window Care Service Hotline

(888) 630-4100

A Word about Common Condensation Situations

Outside condensation

Condensation on the outside of your windows or patio doors may occur during Spring and in the Fall, usually when cool nights follow a warm day. It is a result of moisture in the air exceeding certain limits and the temperature of the glass falling below the dew point in the air.

Condensation on the exterior glass panes is a natural phenomenon. It evaporates as the day warms.

Inside condensation

Condensation on the inside of your windows is a result of too much moisture in your home's air. This condition is common in new homes, where it may take months for the moisture from paint and fresh building materials to dissipate.

This condition is also common in winter. Humidity levels in winter months should not exceed 30 – 35%. To maintain these levels in your home, you may want to:

- Use a dehumidifier to remove excess moisture
- Turn your humidifier or furnace down or off
- Turn on exhaust fans during showers
- Allow ceiling fans to circulate air

When using window shades

When window shades or blinds are employed over a window they provide a second insulating space equivalent to or greater than the insulation provided by the insulating glass unit. This causes the temperature of the interior glass surface to drop significantly.

This produces two effects. First, condensation and ice may form on the lower surface of the window. Second, because of the large difference in temperature between the glass surface and the back surface of the shade, convection currents are set up and cold air will "fall out" from the bottom area between the window and the shade. You may feel this cold air coming out from beneath the blind or shade and think the window is leaking. (This condition can be worsened by the use of accordion or thickly insulated blinds.)

UNITED WINDOW & DOOR MANUFACTURING, INC.

another inspired idea

LIMITED LIFETIME PRODUCT WARRANTY

United Window and Door Manufacturing, Inc. warrants as follows:

1. Its windows and doors are free from material defects in manufacture, and will not peel, corrode, rot, warp, blister or flake; and
2. Its insulating glass units will be free from material obstruction of vision as a result of dust or film formation on internal glass surfaces caused by failure of the hermetic seal due to faulty manufacturing. (Condensation on external glass surfaces does not indicate a faulty product).

The limited warranty period for windows and doors (including glass and hardware) shall be for the lifetime of the original purchaser. This limited warranty is transferable. In the event of transfer, the warranty period for windows and doors shall be for ten years (10) after the original date of manufacture and the period for insulating glass units and hardware shall be five years (5) after the date of manufacture.

United will provide free repair or replacement, at its option, of any part that is proven defective due to manufacturing defect after inspection by United. In order to obtain performance of this limited warranty, contact the dealer where you purchased the product or ship the product prepaid, along with proof of purchase, to United Window and Door Manufacturing, Inc. 24-36 Fadem Road, Springfield, NJ 07081. The repaired or replaced product will be returned to you at your expense. United will bear no other expenses such as labor costs of any kind, freight, removal or reinstallation. This is the exclusive remedy available for any and all warranty and other claims.

THIS LIMITED WARRANTY IS IN LIEU OF ALL OTHER GUARANTEES AND WARRANTIES, EXPRESSED OR IMPLIED. UNITED MAKES NO OTHER EXPRESS OR IMPLIED REPRESENTATION OR WARRANTY OF ANY KIND, WHETHER AS TO MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE OR USE, OR ANY OTHER MATTER. UNITED SHALL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL OR INCIDENTAL DAMAGES.

This limited warranty does not apply to any of the following:

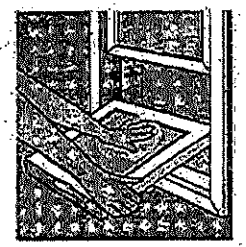
1. Damage incurred during or after installation, including but not limited to cut, ripped, torn or bent screen wire; or breakage, cracks or scratches in glass;
2. Drafts or water leakage through storm windows and storm doors;
3. Normal wear and tear;
4. Faulty or improper installation, building construction design or handling; or
5. Abuse, misuse, accidents, flood, fire, acts of God.

Some states do not allow the exclusion or limitation of incidental or consequential damages or limitation on how long an implied warranty lasts, so the above exclusion and limitations may not apply to you. This limited warranty gives you specific legal rights, and you may also have other rights which may vary from state to state.

Rev 9/04

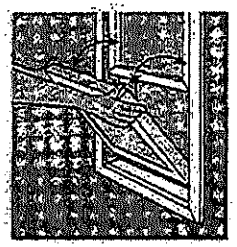
Window Operation & Maintenance

How to clean your windows



Our vinyl has a natural lubrication that prevents dirt, grease, or stains from penetrating its surface. But, as with any window, abrasives can dull the finish. Use a cream wax cleaner or polish for everyday cleaning. For stubborn spots, a "non-abrasive" cleaner is best. Slight scratches can be "polished" out with a small amount of scouring powder. Finish off with cream wax or polish. Use any standard glass cleaner on the glass surface.

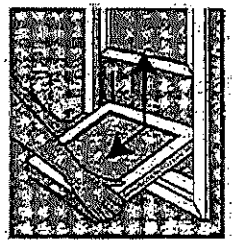
How to tilt in a sash for easy cleaning



Each double hung window has 2 recessed tilt latches mounted on the top of each sash. Raise the lower sash about 3" and using both hands, disengage the tilt latches on both sides simultaneously. While sliding the latches in towards the center of the window with your thumbs, gently pull the top of the sash towards you until the latches are clear of the frame. Holding the sash firmly, continue to tilt the sash in. To tilt the top sash, lower the top sash about 3" and follow the same procedure as above. To return the sashes to their operating positions swing the sash back up and while retracting the tilt-latches push the top of the sash gently until it snaps back into place in the jambs (side of window).

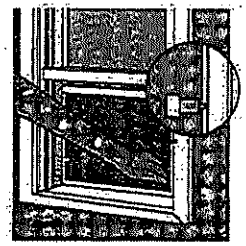
WARNING
Screens will not prevent objects or a child from falling out of a window. Keep children away from open windows. Insect screens are intended to provide reasonable insect control and are not intended to provide security or provide for the retention of objects or persons from the interior.

How to remove a sash



Each sash can be completely removed from the window. Sashes are heavy, so be careful when removing them. Tilt the lower sash in as described above. Tilt the sash in until it is parallel with the floor. Slide your hands about half way along the sides of the sash and lift the bottom of the sash (the part still in the widow) straight up and out of the balance shoes. Lower and tilt the top sash as described above. Tilt the sash in until it is parallel with the floor. Slide your hands about half way down the sides of the sash and lift the bottom of the sash (the part still in the window) straight up and out of the balance shoes. To put the sashes back into the window, reverse the process making sure you get the metal pivot bars on the sashes back into the balance shoes correctly. If the pivot bars are not in the balance shoes, the window will not operate.

How to remove screens



On double hung windows with half screens, raise the lower sash all the way. Unlock the screen and raise it about 3". While holding the right screen lock in the unlocked position, pull the entire screen to the left while pushing the screen out of the screen track. Once the right side of the screen is disengaged, the left side will come out and you can bring the screen inside through the window. For double hung windows with full screens, remove both sashes as described above. Pull the push pins and lift the screen out of the window frame. Reverse these procedures to reinstall the screens.

CONGRATULATIONS!

All of us at United Window & Door wish you warmth and happiness in your new home. We are happy that the excellence of our windows and doors will add to your comfort and enjoyment for many years to come.

Windows and doors are an essential part of a home's livability, so we take great pride in the quality of our products. Therefore, we wish to take this opportunity to increase your pleasure in your home by familiarizing you with your United Window products.

This booklet provides the contact information you will need to get in touch with us. You will also find other useful information, such as:

- Our warranty
- Window operation instructions
- Maintenance tips
- Condensation information

Please review this information. If you have any questions or concerns regarding the United Window products in your home, please don't hesitate to call us. We're eager to assist you!

UNITED WINDOW & DOOR

888.630.4100

24-36 Fadem Road, Springfield, NJ 07081,

www.unitedwindowmfg.com

UNITED WINDOW & DOOR MANUFACTURING, INC

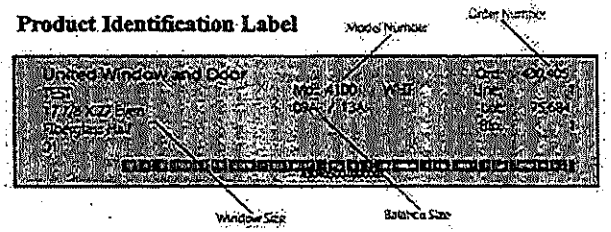
another inspired idea

Should you ever need replacement parts or service

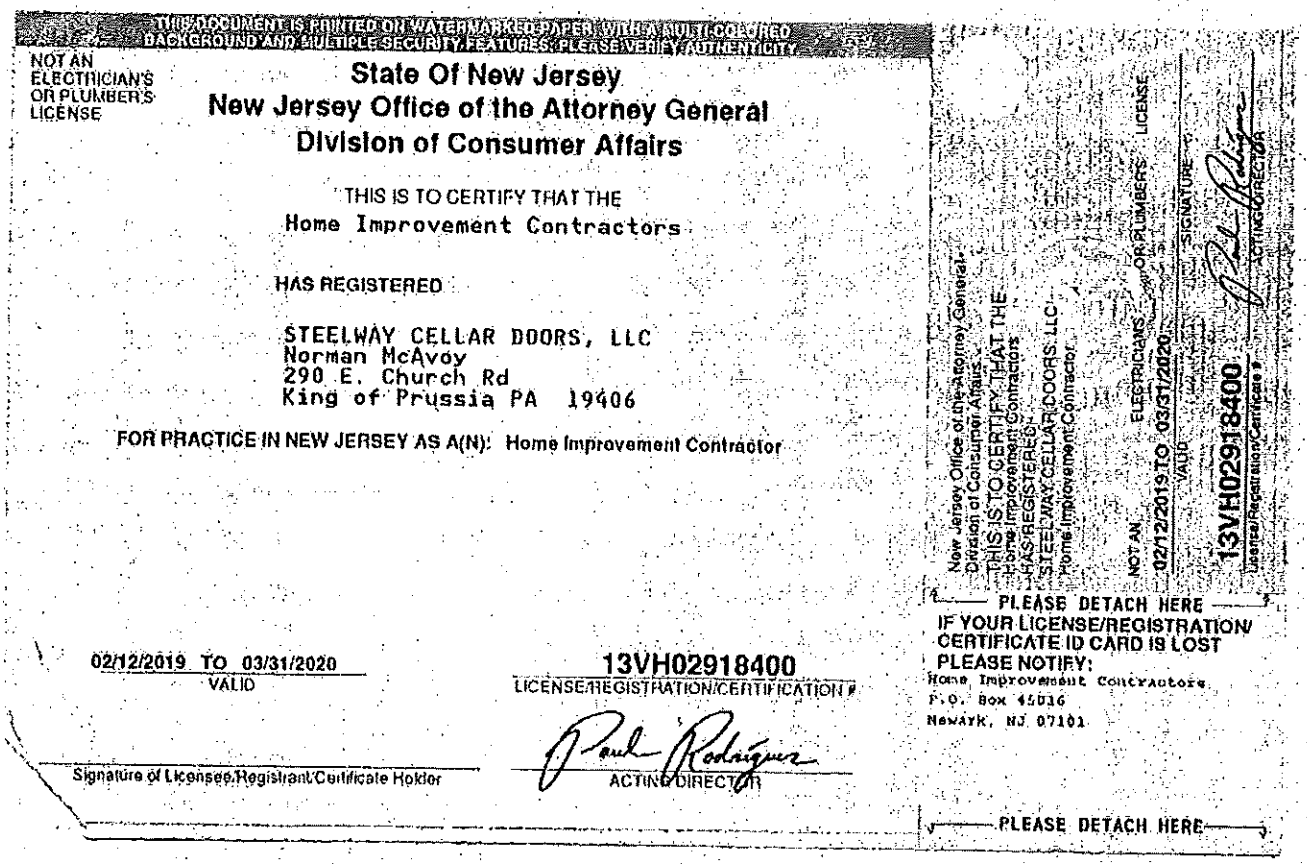
You'll find blue Product Identification Labels on both the top of the top sash and bottom of the bottom sash. These labels contain pertinent information that will be helpful in the event you need replacement parts or service.

Right now is a good time to record your windows' information in the spaces below.

Product Identification Label



Location	Order #	Model	Window Size



THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

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

THIS IS TO CERTIFY THAT THE
Home Improvement Contractors

HAS REGISTERED

STEELWAY CELLAR DOORS, LLC
Norman McAvoy
290 E. Church Rd
King of Prussia PA 19406

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

02/12/2019 TO 03/31/2020
VALID

13VH02918400
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

Paula Rodriguez
ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Home Improvement Contractors
HAS REGISTERED
STEELWAY CELLAR DOORS, LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

02/12/2019 TO 03/31/2020
VALID

13VH02918400
License/Registration/Certificate #

SIGNATURE
ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Home Improvement Contractors
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/27/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Connor Longen	
AIS Insurance Group, Inc. 100 Deerfield Lane Suite 210 Malvern PA 19355-2180	PHONE (A/C, No, Ext): (610) 578-9797	FAX (A/C, No): (610) 578-9788
	E-MAIL ADDRESS: connor@alsinsurance.net	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
STEELWAY CELLAR DOORS LLC 290 E CHURCH RD KING OF PRUSSIA PA 19406	INSURER A: Trustguard	40118
	INSURER B: Grange Mutual Casualty Company	14060
	INSURER C: Explorer Insurance Company	40029
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 20-21 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			CPP2749397	02/09/2020	02/09/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			CA 2749398	02/09/2020	02/09/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
B	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			CUP2749400-01	02/09/2020	02/09/2021	EACH OCCURRENCE	$ 5,000,000
							AGGREGATE	$ 5,000,000
								$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WPH 5053737 00	02/09/2020	02/09/2021	[X] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

The Borough of Collingswood
678 Haddon Avenue
Collingswood NJ 08108

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

BLOCK 374 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 900 Park Ave. PERMIT NO. 20-00326

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 900 Park Ave.
2. Name of Owner in Fee: Waite
   Tel. [redacted] e-mail _____
   Address 900 Park Ave. (street) Collingswood (municipality) 08108 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Urbano Electric, Inc. Tel. 856-854-0800
   Address 223 Highland Ave. e-mail emily@urbanoelectric.com
   Westmont, 08108
   License No. OR, if new home, Builder Reg. No. 16303 Exp. Date 3/31/21
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. [redacted] FAX: 856-854-0739
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Peter A Urbano, Jr.
   Tel. 609-330-0221 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		60	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$	60	
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy		75	
12. Other			
13. TOTAL	$		

7-23 3:09

VI. BUILDING/SITE CHARACTERISTICS

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

RECEIVED JUL 22 2020 By

(office use only) 4291 00146_052182 SF 20-00326 *00025P8U*

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical	3100.00				Waived				
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$0								

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

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

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

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

U.C.C. F100-1 (rev. 8/08)

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature_____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name Urbano Electric, Inc.

Address 223 Highland Ave.

Westmont, 08108

Telephone 856-854-0800

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

CERTIFICATE

Permit #: 20-00326
Date Issued: 07/30/20
Certificate Issued Date: 01/06/21

IDENTIFICATION

Work Site Location: 900 PARK AVE
Block/Lot/Qual: 74. 1.
Owner in Fee: WAITE, DONALD A & YVONNE S
Address: 900 PARK AVE
COLLINGSWOOD, N J 08108

Contractor: URBANO ELECTRIC INC
Address: 223 HIGHLAND AVE
WESTMONT, NJ 08108

Tel.: (856)854-0800
Fax: (856)854-0739
Lic. No. or Bldrs. Reg. No: 16303
Federal Employer No: [redacted]

Home Warranty No:
Type of Warranty Plan:
Use Group: R-5 Res; 1 & 2 Family
Maximum Live Load:
Construction Classification:
Max Occupancy Load:
Description of Work/Use: INSTALL OUTLETS THROUGHOUT HOUSE - FIRST FL. AND SUNROOM

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.

TEMPORARY CERTIFICATE OF 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 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 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 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 immediate 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 .

W. Finkel 1/6/21

Construction Official Date

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 20-00326-
Issue Date: JUL 31 2020
Application Id: 90006344
Application Date: 07/23/20

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

Block/Lot/Qual: 74. 1.
Work Site Location: 900 PARK AVE

Owner in Fee: WAITE, DONALD A & YVONNE S
Tel. (856)[redacted] email:
900 PARK AVE COLLINGSWOOD, N J 08108
Contractor: URBANO ELECTRIC INC Tel. (856)854-0800
223 HIGHLAND AVE email:
WESTMONT, NJ 08108
Contractor License No.: 16303 Exp Date: 03/30/21
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX: (856)854-0739

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 3,100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO [X] CA
Date: 1/16/21
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1/6/21	
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

X 6/15-19 — Picture + Letter from EC

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:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
INSTALL OUTLETS THROUGHOUT HOUSE - FIRST

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
8		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
8		TOTAL NUMBERS	$ 50.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	15.00
State Permit Surcharge Fee	$	6.00
TOTAL FEE	$	71.00

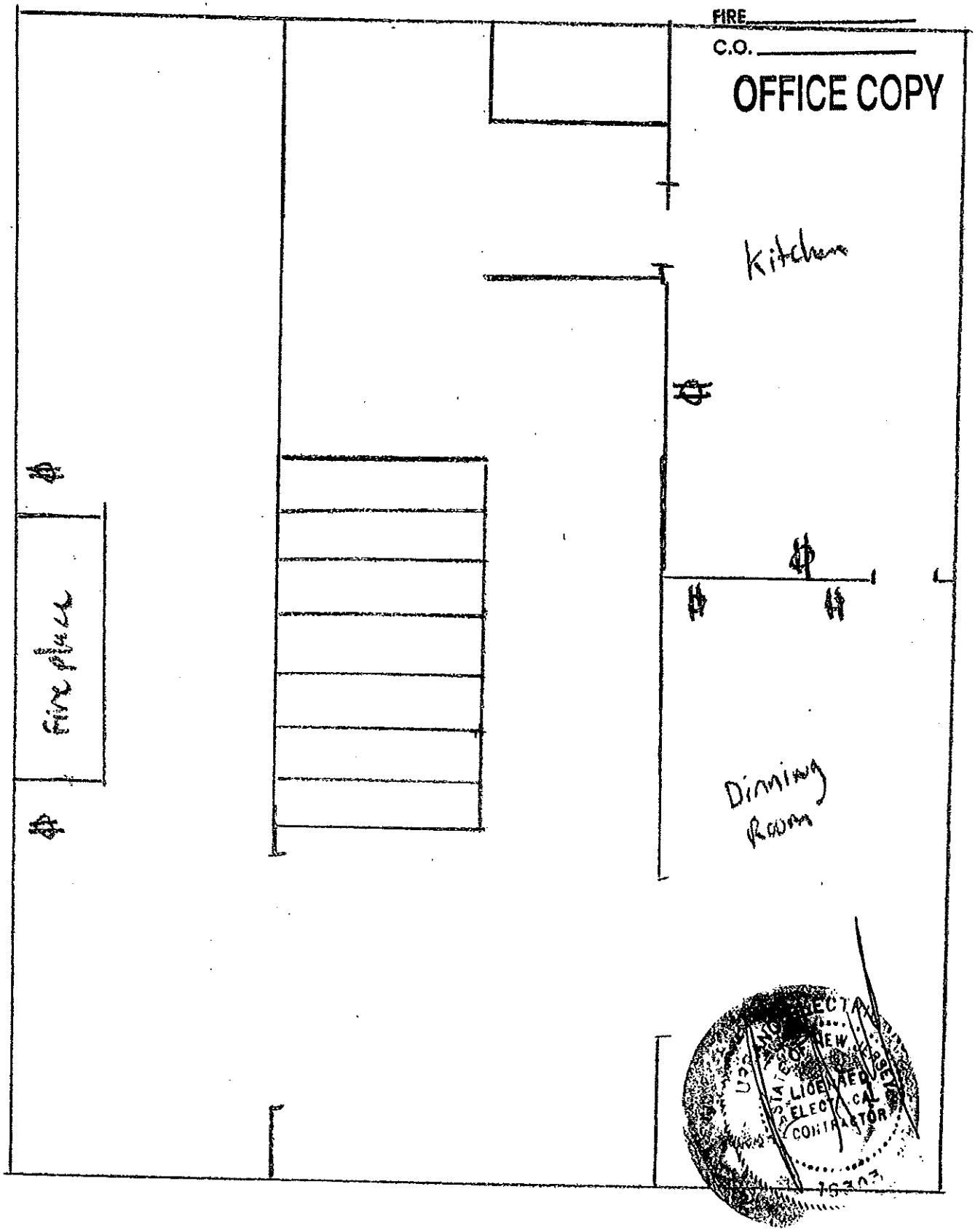
U.C.C. F120 (rev. 11/09) Internet version

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

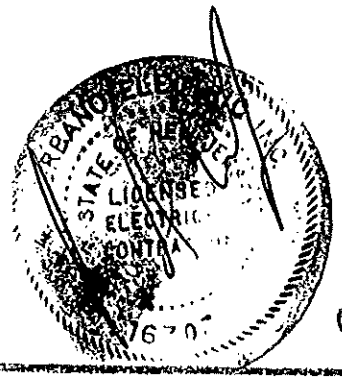
The Bible for Today
900 PARK Ave
Collingswood NJ 08108

PLAN REVIEW/RELEASE
BUILDING
ELECTRICAL 8/12/20
PLUMBING
FIRE
C.O.

OFFICE COPY



Sun Room.



URBANO ELECTRIC, INC.

Electrical Contractors

223 HIGHLAND AVENUE WESTMONT, NEW JERSEY 08108
N.J. Lic.#16303 Phila. Lic.#15298
(856) 854-0800

12.18.2020

To Whom This May Concern:

This letter is to serve as confirmation that all electrical work was preformed and completed by Urbano Electric, Inc. at 900 Park Ave. Collingswood, 08108 (The Bible for Today). All work is up to all National Electrical Code and Standards.

Please see attached pictures for record. All pictures were provided by the owners of 900 Park Ave.

RECEIVED
JAN 0 4 2021
By

1/6/21
PK

Peter A. Urbano
President
Urbano Electric, Inc.
Electrical Contractors
License # 16303

Waite, Daniel
(856)816-7839

345403

1HR - 26 Kiosk Prints DIG 4x6

12/10/20 11:17 AM
Andy

Store #5984
Order #990400179

PICKUP TIME: 12/10/20 11:46 AM

4 900134540 3 0

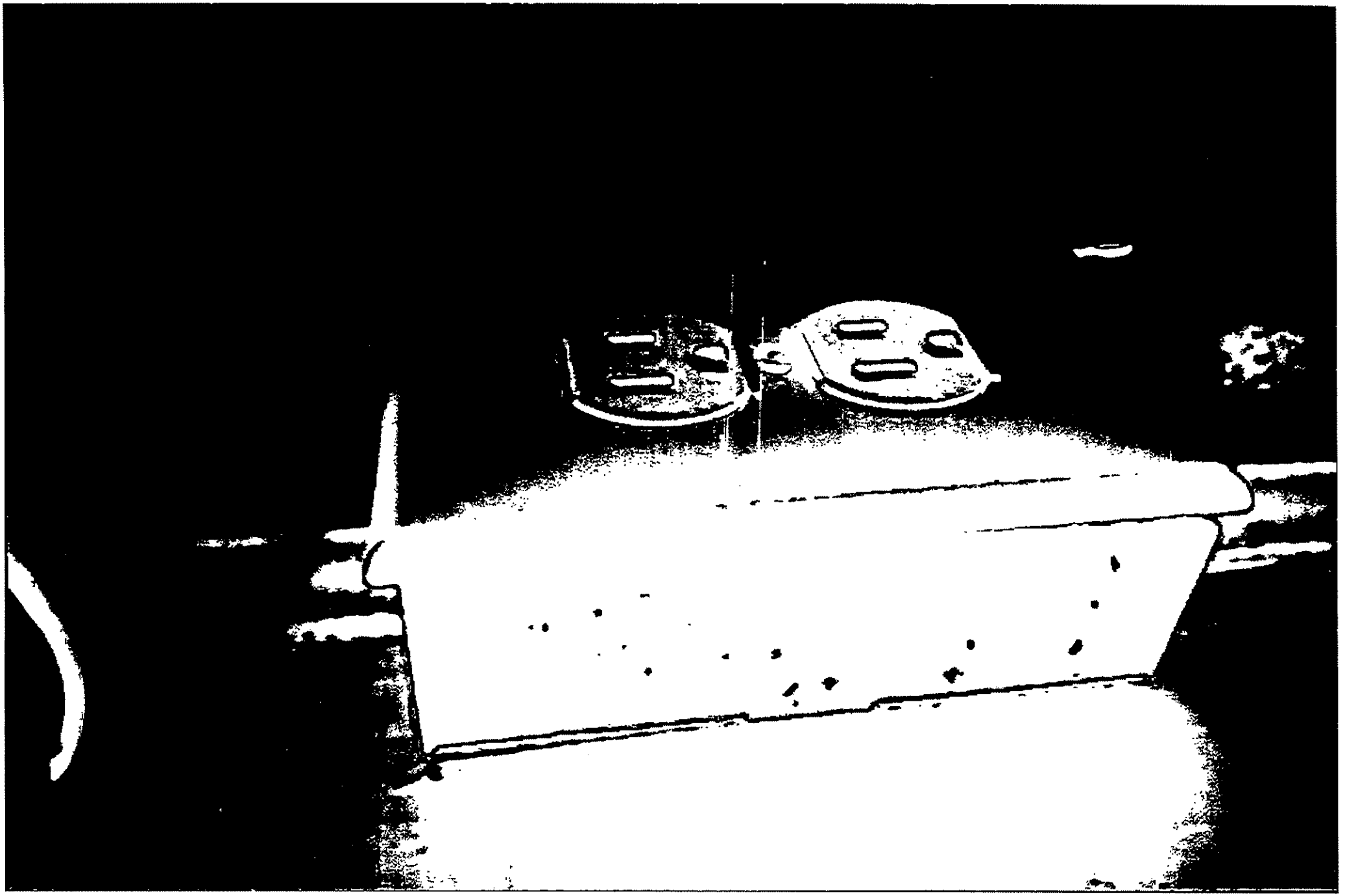
(IOSK

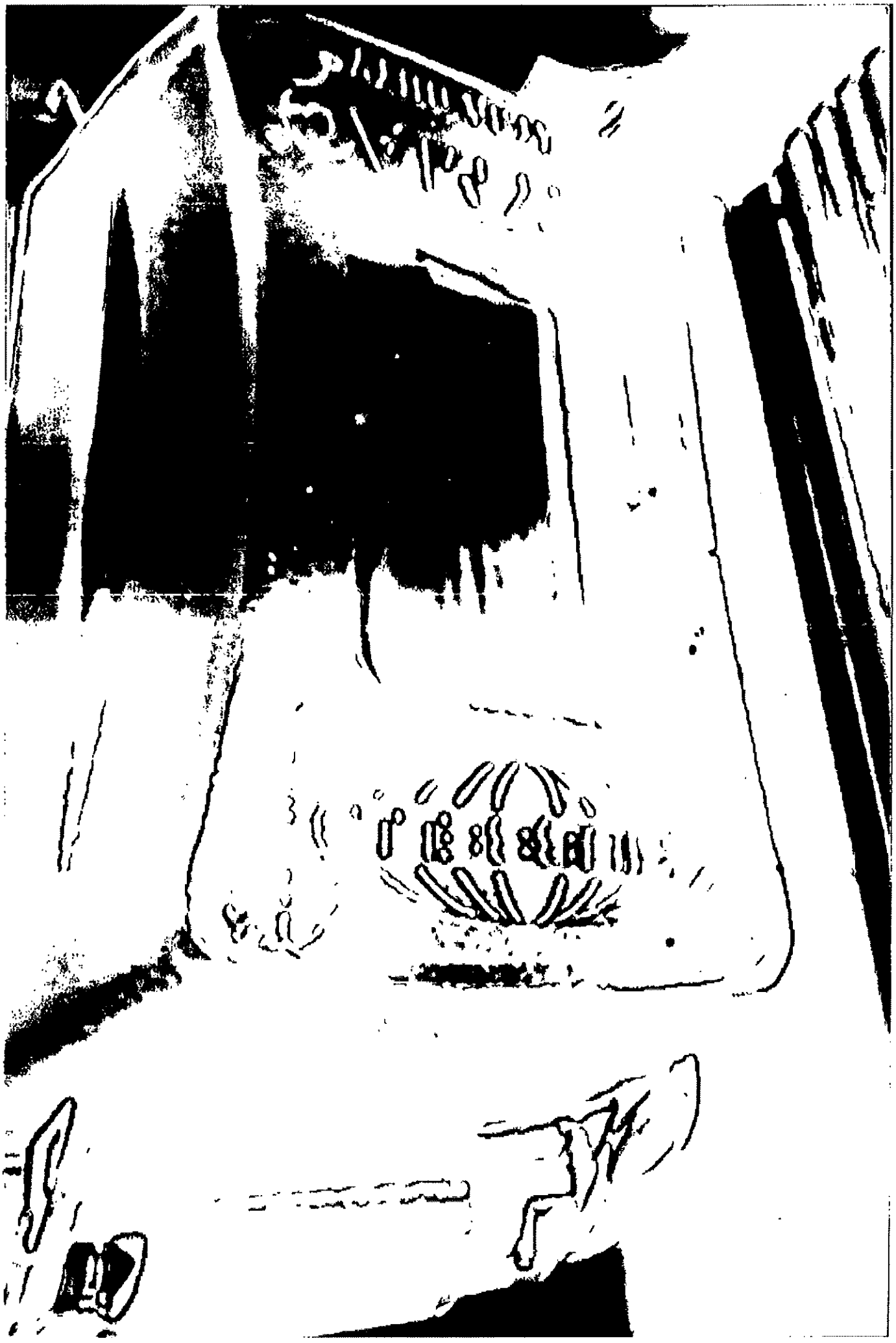
FREE Same Day Pickup

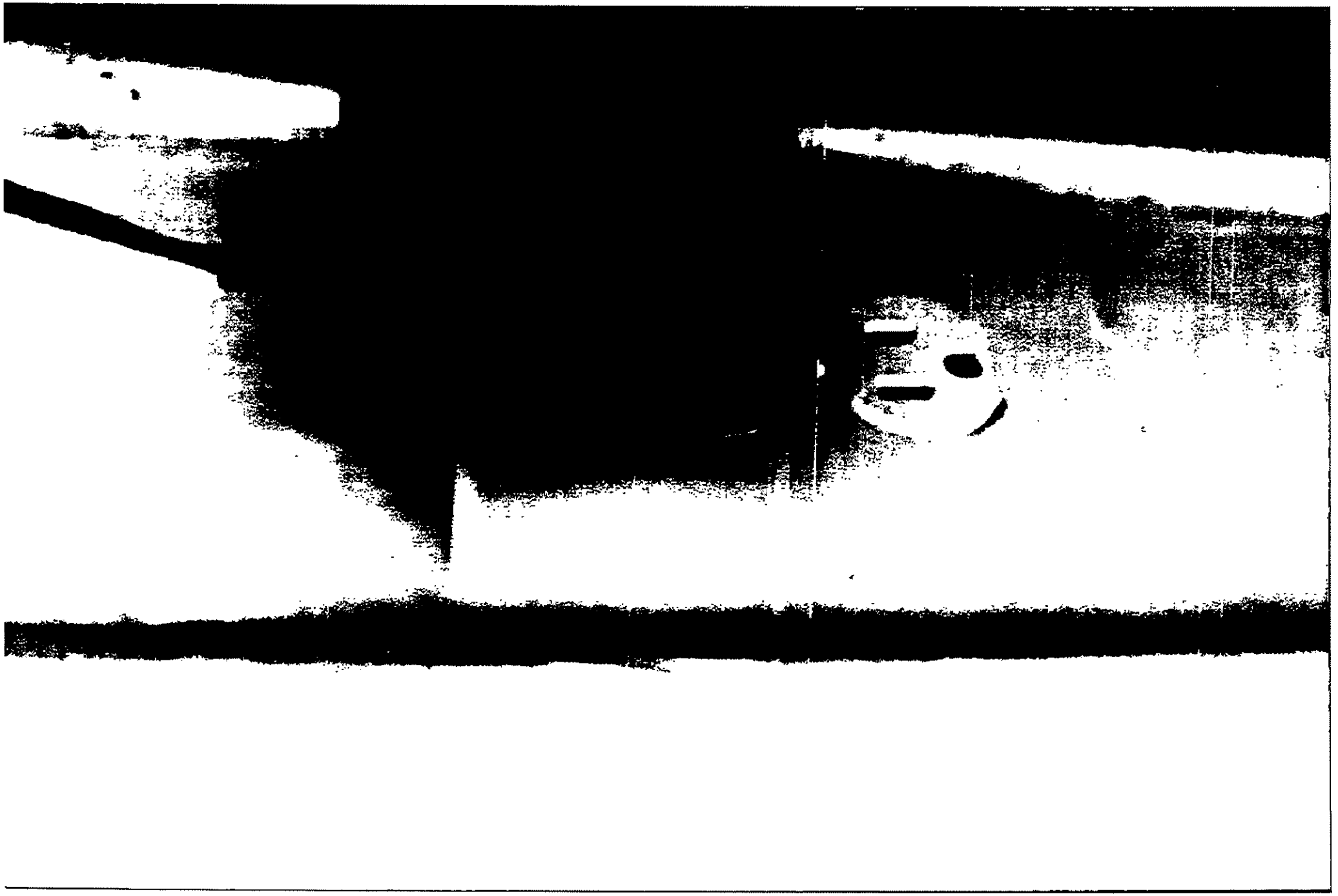
Find smiles inside

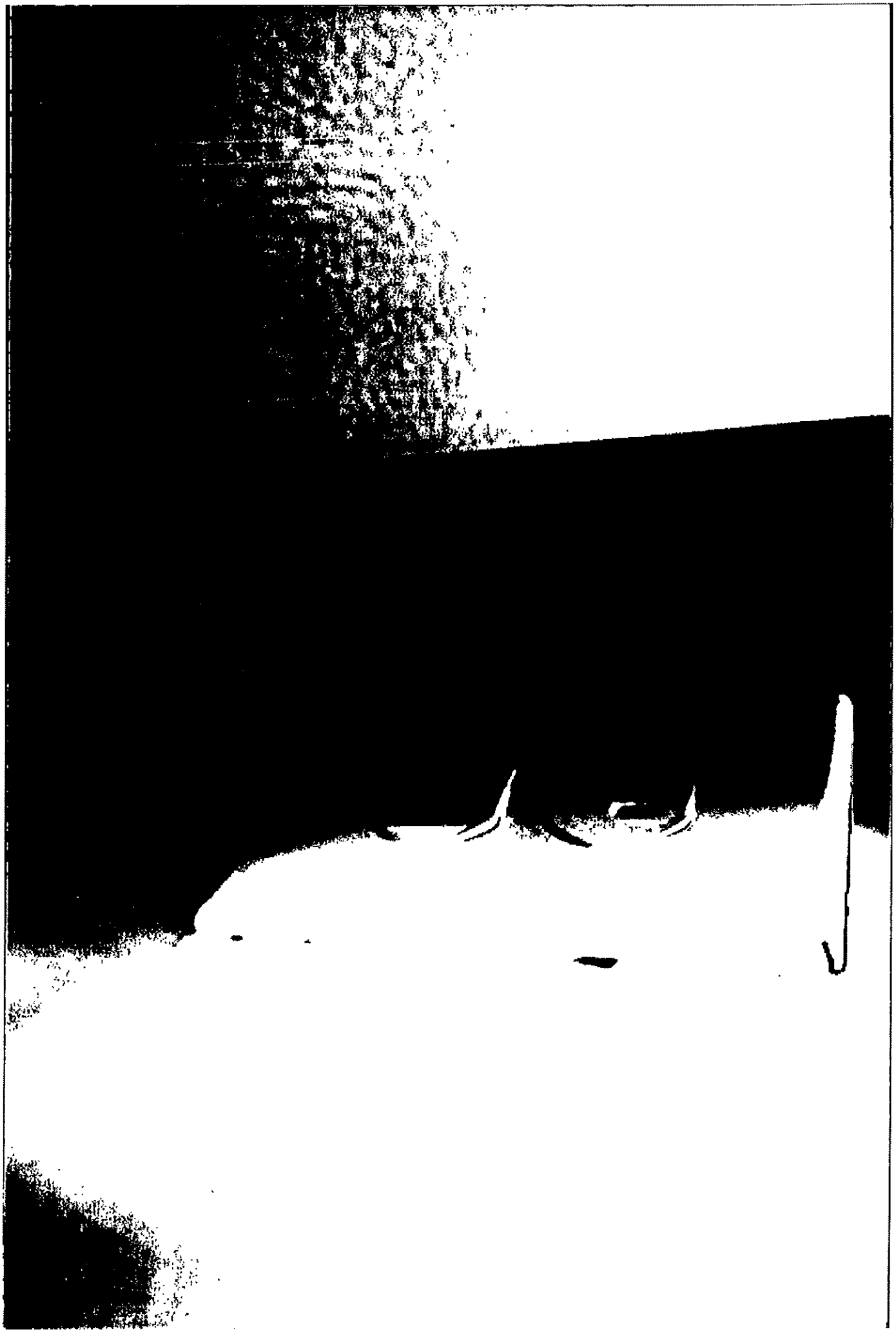
w Photo

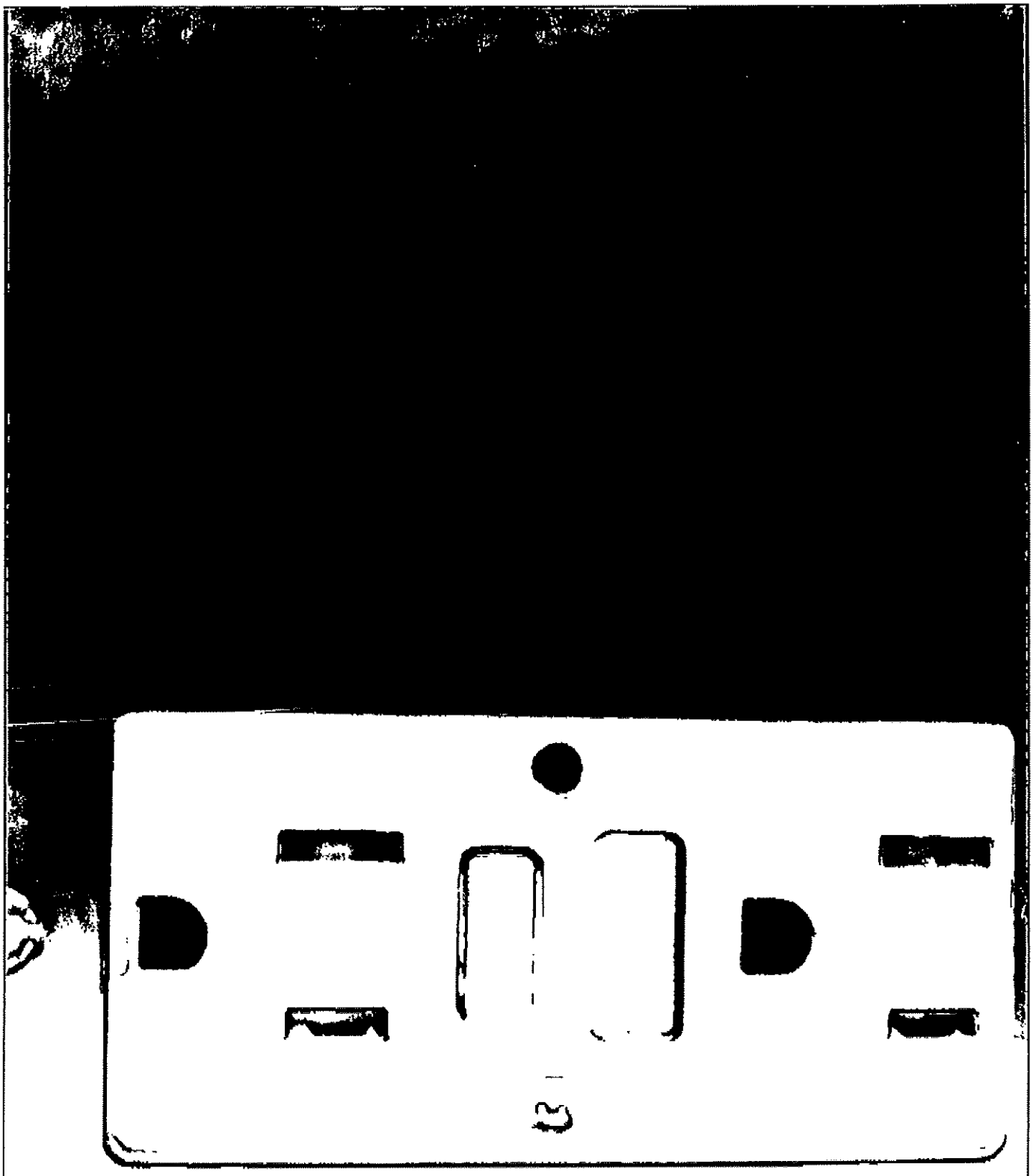
WIC-957789

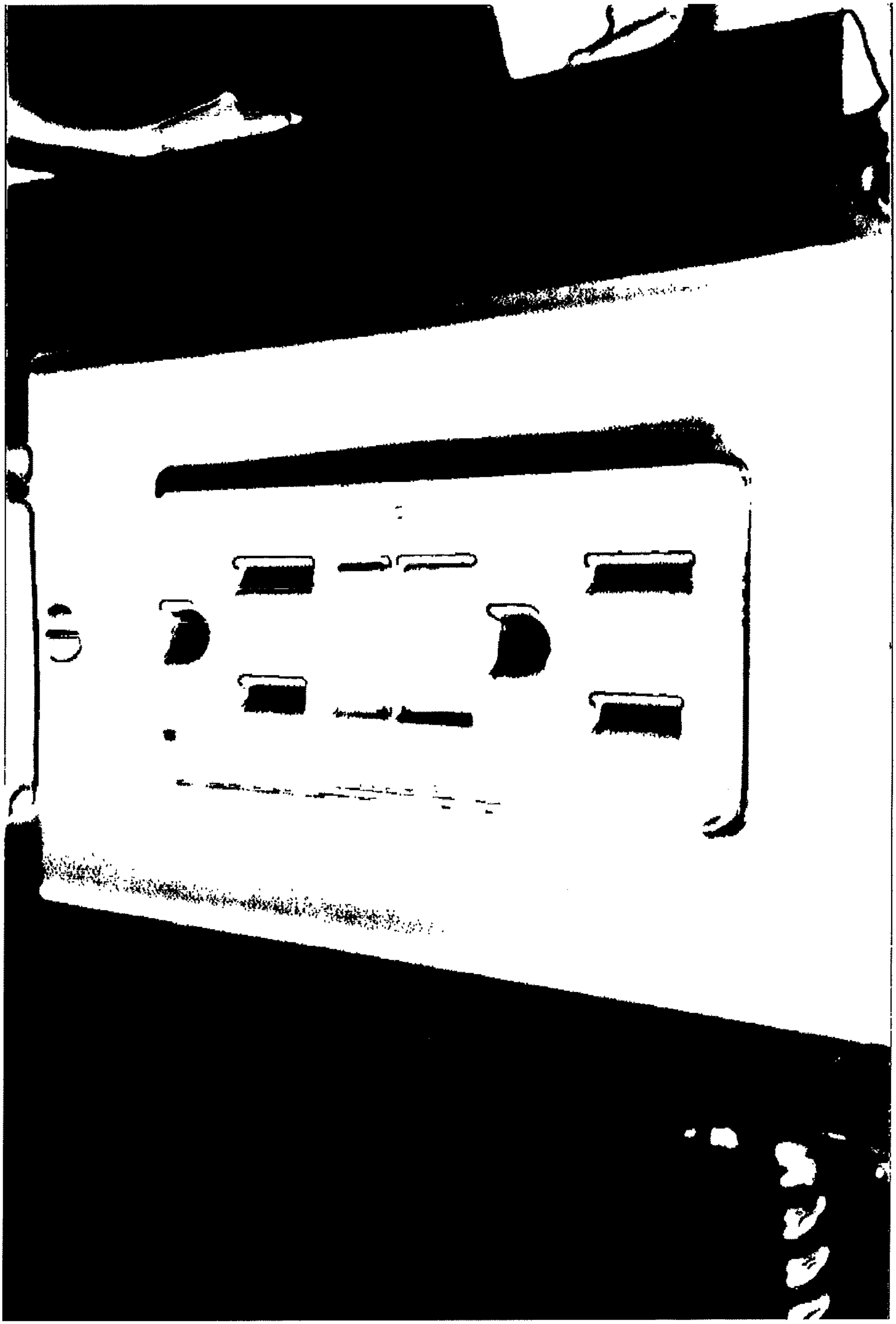


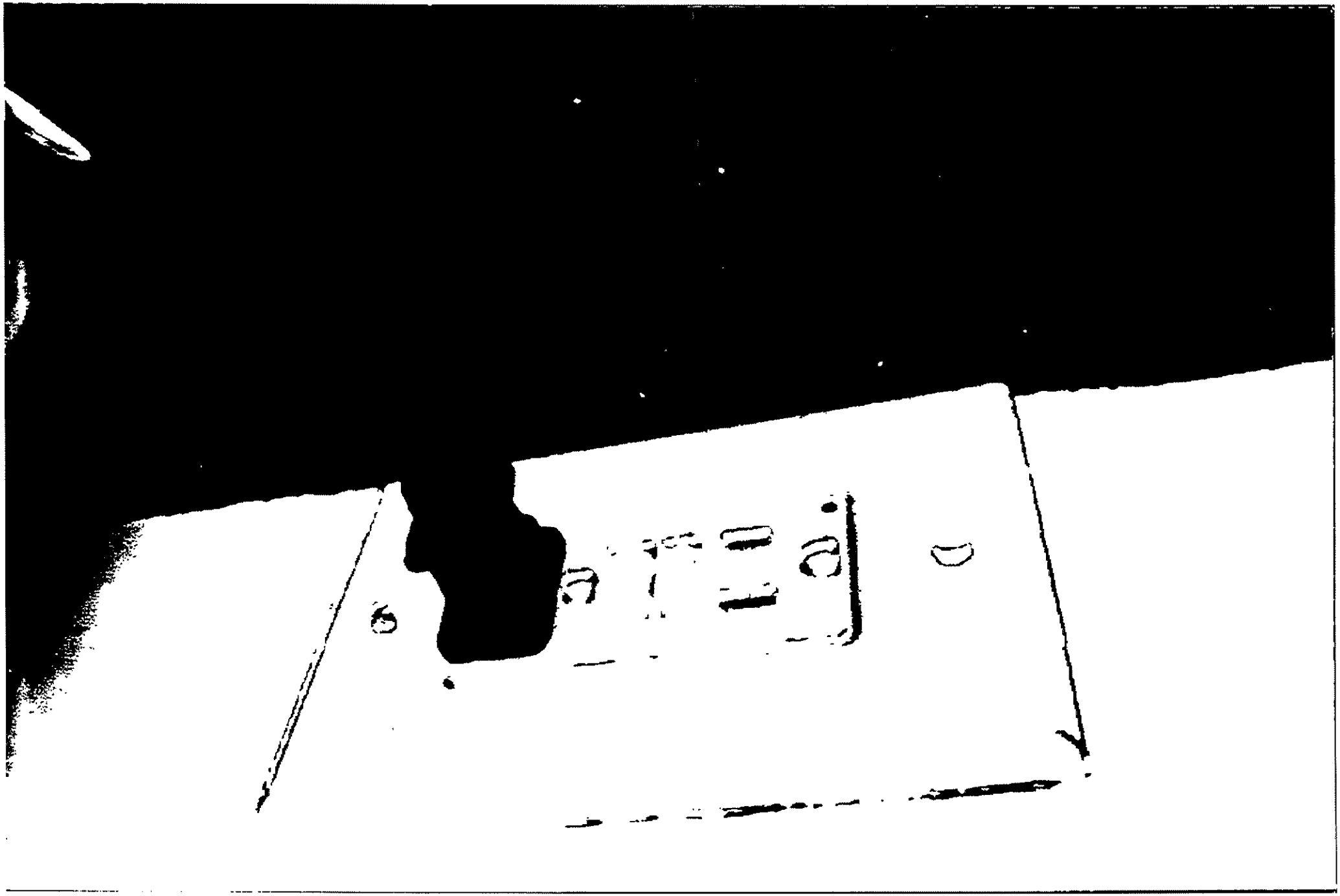


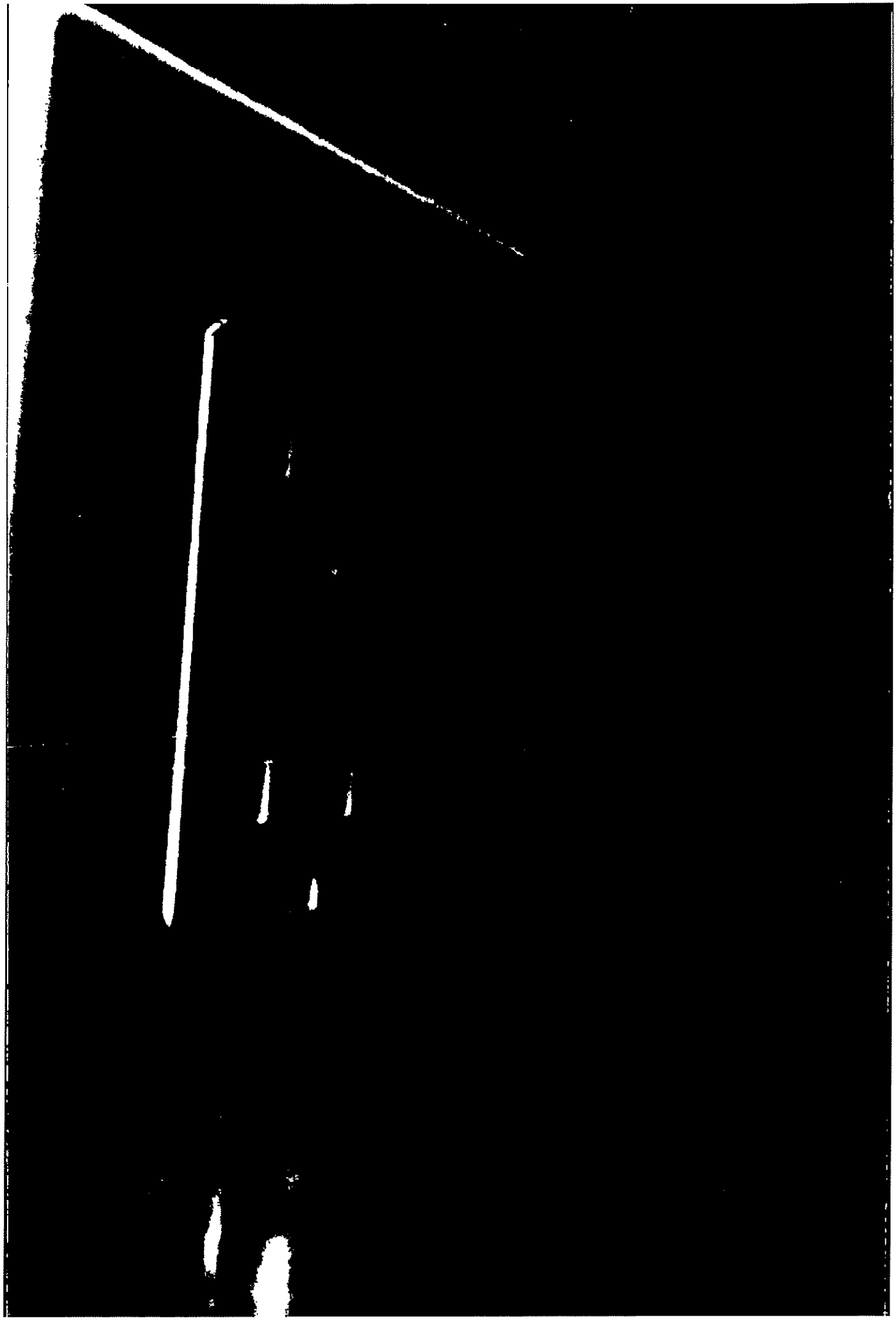












Michelle Fareri

From: Emily McGarry [Emily@urbanoelectric.com]
Sent: Thursday, December 10, 2020 10:41 AM
To: Michelle Fareri
Subject: Urbano Electric, here.
Importance: High

Hi Michelle!
Hope all is well!
Back in July, we did work for The Bible for Today, 900 Park Ave.
The permit came to $71. I know that interior inspection are not taking place right now, but I wanted to inquire what types of photos are needed for this work so that they can be submitted for inspections?
The owner of the property is willing to take the pictures and submit them for inspections. We are not equipped with these supplies, and he wants his final inspection completed.
Let me know how to proceed.
Thanks!
Stay well!

Emily McGarry
URBANO ELECTRIC, INC.
Electrical Contractors
223 Highland Avenue
Westmont, NJ 08108
p.856.854.0800 f.856.854.0739

① Signed + Sealed Letter from E.C. Stating work was done according to 4L 2017 NEC + Any. Holes were closed up.
② Take Pictures of ~~unit~~ Areas showing Repairs

CONSTRUCTION PERMIT

Permit #: 20-00326
Date Issued: JUL 31 2020

IDENTIFICATION Block/Lot/Qual: 74. 1.
Work Site Location: 900 PARK AVE
Owner in Fee: WAITE, DONALD A & YVONNE S
Address: 900 PARK AVE
COLLINGSWOOD, N J 08108
Tel. [redacted]

Contractor: URBANO ELECTRIC INC
Address: 223 HIGHLAND AVE
WESTMONT, NJ 08108
Tel. (856)854-0800
Lic. No. or Bldrs. Reg. No. 16303

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL OUTLETS THROUGHOUT HOUSE - FIRST FL. AND SUNROOM

PAYMENTS (Office Use Only)	
Building	
Electrical	65.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	6.00
Cert. of Occupancy	
Other	
Total	71.00

Check No. _____
Cash _____
Collected by _____

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

Est. Cost of Work $ 3,100.00

_____ Construction Official

_____ Date

(see reverse side)

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

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

BOROUGH OF COLLINGSWOOD

07/30/20 14:19 Invoice Payment

Customer: URBAN001
Name: URBAND ELECTRIC INC

Invoice: I2000456
Permit No: 20-00326

Item 2	
Receptacles	0.00
Item 1	
DCA Alteration Fee	6.00
Item 3	
TOTAL ELECTRICAL FIXTURES	50.00
Item 4	
Electric Min Fee	15.00
	71.00

Batch Id: COUNTER1
Ref Num: 19457 Seq: 155 to 158

Cash Amount:	0.00
Check Amount:	71.00
Credit Amount:	0.00
Total:	71.00

BOROUGH OF COLLINGSWOOD
Municipal Building
678 HADDON AVENUE
Collingswood, NJ 08108
ATTN: Construction Office
(856)854-0720 Ext: 132

INVOICE #
I2000456

INVOICE DATE: 07/23/20
DUE DATE: 08/22/20

ACCOUNT ID: URBANO01

URBANO ELECTRIC INC
223 HIGHLAND AVE
WESTMONT, NJ 08108

PERMIT INFORMATION
PERMIT NO: 20-00326
LOCATION: 900 PARK AVE
OWNER: WAITE, DONALD A & YVONNE S

QUANTITY/UNIT	SERVICE ID	DESCRIPTION	UNIT PRICE	AMOUNT
1.0000	UCDCAALT	DCA Alteration Fee Permit No: 20-00326	6.000000	6.00
8.0000	UCE02A	Receptacles Permit No: 20-00326	0.000000	0.00
1.0000	UCE11A	TOTAL ELECTRICAL FIXTURES Permit No: 20-00326	50.000000	50.00
1.0000	UCE29J	Electric Min Fee Permit No: 20-00326	15.000000	15.00
			TOTAL DUE:	$ 71.00

ELECTRICAL 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 74 Lot 1 Qualification Code

Work Site Location 900 Park Ave.

Owner in Fee: Waite

Tel. [redacted] e-mail

Address 900 Park Ave. (street) Collingwood (municipality) 08108 (zip code)

Contractor: Urbano Electric, Inc. Tel. 8568540800

Address 223 Highland Ave. e-mail emily@urbanoelectric.com
Westmont, 08108

Contractor License No. 16303 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX: 8568540739

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3100.00

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: Peter A Urbano

[X] Licensed Elec. Contractor [ ] Certified Lightning/Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install outlets Throughout house 1st Floor + Sunroom

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

[X] Electric Plans Approved
Date 3/12/21 Approved by

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

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.