From: Breean Stumpf
To: hmannel@collingswood.com
Subject: EXTERNAL:OPRA request - OPRA/OPEN & CLOSE PERMITS - 906 Grant Ave, Collingswood, NJ 08107
Date: Monday, May 1, 2023 3:49:29 PM

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

Dear Collingswood Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested: OPRA/OPEN & CLOSE PERMITS - 906 Grant Ave, Collingswood, NJ 08107

Yours respectfully,

Breean Stumpf

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-42120-602beb50@requests.opramachine.com

Is hmannel@collingswood.com the wrong address for OPRA requests to Collingswood Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=collingswood_borough
Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/opraopen_close_permits_906_grant

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

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

Coll

BLOCK 163 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 906 GRANT AVE C163/6 PERMIT NO. 05-0462

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 906 GRANT Ave, Collingswood NJ 08107
2. Name of Owner in Fee: Rose Havens Tel. ([redacted]
   Address SAME
   street municipality zip code
3. Ownership in Fee: Public ✓ Private
4. Principal Contractor: United Roofing Glass Co. Tel. (856) 227-2701
   Address 1405 Chews Landing Rd, Laurel Springs, NJ 08021
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. [redacted] FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Mike Scubba
   Tel. (856) 227-2701 FAX: (856) 227-8103

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	46.00		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$	46.00		
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. State Permit Surcharge Fee		1.00		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	52.00		

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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use)

3226
00146 034184
20050462 SF
0015098

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☒ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	5,200.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income-restricted*
   Before Construction _____ / _____
   After Construction _____ / _____
   Net Gain or Loss _____ / _____

B. NON-RESIDENTIAL

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

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

9-22-05
10:40
Insurance machine

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. (X) 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 United Roofing & Constr. Co

Address 1405 Chews Landing Rd.
Laurel Springs, NJ 08021

Telephone (856) 227-2701

Signature _____

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

15.

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

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/19/2005
Date Issued 9/26/05
Control # C163/6
Permit # 05-0462

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

Block 163 Lot 6 Qual
Work Site Location 906 GRANT AVENUE

Owner in Fee HAVENS ROSE 1
Address 906 GRANT AVENUE
COLLINGSWOOD, NJ 08107-
Tele.([redacted]
Contractor UNITED ROOFING & CONST. CO
Address 1405 CHEWS LANDING ROAD
LAUREL SPRINGS, NJ 08021-
Tele.(856)227-2701 Fax (856)227-8103
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REMOVE ALL ROOFING, INSTALL NEW ROOF WITH 30 YEAR SHINGLES

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 9/30/05
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			9/30/05	Ø
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[X] Roofing	46
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 5,200
3. Total (1+2) $ 5,200

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 46
DCA State Permit Fee	$ 7

Paid [ ] Check #
Collected by:

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

BOROUGH OF COLLINGSWOOD

MISC. ACCTS.

Account Constr. Code Fee

Amount $53.00

Detail Permit # 05-0462
Rose Haney
Job Granite Dr.
163-6

09/27/05 13:07:26 Miscellaneous Payment
BOROUGH OF COLLINGSWOOD

05-0462 53.00

Cash Amount:	
Check Amount:	.00
Credit Amount:	53.00
	.00

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

Date Issued 9/26/05
Control # C163/6
Permit # 05-0462

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 163 Lot 6 Qual

Work Site Location 906 GRANT AVENUE

Owner in Fee HAVENS ROSE 1
Address 906 GRANT AVENUE
COLLINGSWOOD, NJ 08107-
Telephone [redacted]

Contractor UNITED ROOFING & CONST. CO
Address 1405 CHEWS LANDING ROAD
LAUREL SPRINGS, NJ 08021-
Telephone (856)227-2701
Lic. No. or Bldrs. Reg. No.
Federal Emp. 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 ALL ROOFING, INSTALL NEW ROOF WITH 30 YEAR SHINGLES

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

Estimated Cost of Work $ 5,200

William Joseph
Construction Official

9/19/05
Date

PAYMENTS (Office Use Only)

Building	46
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	7
Cert. of Occupancy	0
Other	
Total	53
Check No.	3783
Cash	
Collected By	

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # C163/6

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 163 Lot 6 Qualification Code
Work Site Location 906 GRANT Ave, Collingswood NJ 08107
Owner in Fee Rose J Havens
Address SAME

Tel. (856) 858-1083
Contractor United Roofing & Constr. Co.
Address 1405 Chews Landing Rd.
Laurel Springs NJ 08021
Tel. (856) 227-2700 FAX (856) 227-8103,
Contractor License No. or Builder Registration No.
Federal Emp. No

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

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

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

INSPECTIONS — Dates (Month/Day)

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 5,200.00

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remove all roofing. Install new roof with 30 YR dimensional shingles.

TYPE OF WORK:

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

FEE (Office Use Only)

$

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

U.C.C. F110 (rev. 07/03)

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

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☑ Certificate of Approval	No. 05-0462	9/30/05			
☐ Lead Abatement Clearance Certificate	No.				

BLOCK 163 LOT 60 QUALIF /CODE _____ ADDRESS (SITE) 906 Grant Ave. PERMIT NO. 14-00347

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 906 Grant Ave, W. Collingswood, NJ 08107
2. Name of Owner in Fee: Rose M. Havens
   Tel. ([redacted]) e-mail _____
   Address: 906 Grant Ave. (street) W. Collingswood (municipality) NJ 08107 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Audubon Cesco Corp. Tel. (856) 547-3000
   Address 257 W. Nicholson Rd, Audubon, NJ 08106 e-mail _____
   License No. OR, if new home, Builder Reg. No. 13VH06480400 Exp. Date 12-31-2014
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
   Federal Emp. ID No. [redacted] Fax ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX ( ) _____
6. Responsible Person in Charge once Work has Begun Mike Granroth
   Tel. (856) 547-3000 FAX ( ) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing		65	
4.	Fire Protection			
5.	Elevator Devices		65	
6.	Subtotal		65	
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee			
10.	Subtotal	$	4	
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	199	

199 Called 6/8/14 9:40 AM

VI. BUILDING/SITE CHARACTERISTICS

RECEIVED MAY 30 2014 By

1. Number of Stories
2. Height of Structure
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 Distrubed _____ sq. ft.
10. Flood Hazard Zone
11. Base Flood Elevation _____ ft.
12. Wetlands yes _____ no _____

(office 3226 00146_034238 20140347 SF *H95100*

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	30	MF	5/30		6/4/14	BF			
☒ Plumbing (Mech.)	1200				6/3/14				
☒ Fire Protection	11.80				6/2/14				
☐ Elevator									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Former:
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. 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. ☐ Undergroound Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LP Gas Tanks

FOLD

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.ix:

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓) Check if contractor.

Agent Name Audubon Cesco Corp.
Address 257 W. Nicholson Rd.
Audubon, NJ 08106
Telephone (856) 547-3000
Signature Marianne Rapp

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

UCC/F-100
Professional Printing
(856) 468-7933

FOLD

CERTIFICATE

Permit #: 14-00347
Date Issued: 06/11/14
Certificate Issued Date: 07/22/14

IDENTIFICATION

Work Site Location: 906 GRANT AVE
Block/Lot/Qual: 163. 6.
Owner in Fee: HAVENS, R M
Address: 906 GRANT AVE
COLLINGSWOOD, N J 08107-2009

Contractor: AUDUBON CESCO CORP
Address: 257 W NICHOLSON RD
AUDUBON, NJ 08106

Tel.: (856)547-3000
Fax:
Lic. No. or Bldrs. Reg. No: 13VH06480400
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: REPLACE GAS FURNACE.

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 7/22/14

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 14-00347
Issue Date: 6-11-14
Application Id: 90001148
Application Date: 06/04/14

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

Block/Lot/Qual: 163. 6.
Work Site Location: 906 GRANT AVE

Owner in Fee: HAVENS, R M
Tel. [redacted] email:
906 GRANT AVE COLLINGSWOOD, N J 08107-2
Contractor: STEVENSON ELECTRIC INC Tel. (609)267-4200
1205 DEACON RD email:
HAINESPORT, NJ 08036
Contractor License No.: 10912 Exp Date: 03/01/15
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX: (609)267-6040

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 $ 300.00

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: 7-22-14
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7/22/14	BF
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: REPLACE GAS FURNACE.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1		KW Central A/C Unit	15.00
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

30 Amp Fuses

Administrative Surcharge	$	
Minimum Fee	$	50.00
State Permit Surcharge Fee	$	
TOTAL FEE	$	65.00

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 14-00347
Issue Date: 6-11-14
Application Id: 90001148
Application Date: 06/04/14

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

Block/Lot/Qual: 163. 6.
Work Site Location: 906 GRANT AVE

Owner in Fee: HAVENS, R M
Tel. [redacted] email:
906 GRANT AVE COLLINGSWOOD, N J 08107-2
Contractor: AUDUBON CESCO CORP Tel. (856)547-3000
257 W NICHOLSON RD email:
AUDUBON, NJ 08106
Contractor License No.: 13VH05480400 Exp Date:
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed _____
Building Sewer Size _____ Public Sewer [ ] Private Septic [ ]
Water Service Size _____ Public Water [ ] Private Well [ ]
Est. Cost of Plumbing Work $ 1,200.00

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 [ ] CO [ ] CO
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
REPLACE GAS FURNACE.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	15.00
	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	$	50.00
State Permit Surcharge Fee	$	
TOTAL FEE	$	65.00

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Permit #: 14-00347
Issue Date: 6-11-14
Application Id: 90001148
Application Date: 06/04/14

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

Block/Lot/Qual: 163. 6.

Work Site Location: 906 GRANT AVE

Owner in Fee: HAVENS, R M
Tel. [redacted] email:
906 GRANT AVE COLLINGSWOOD, N J 08107-2
Contractor: AUDUBON CESCO CORP Tel. (856)547-3000
257 W NICHOLSON RD email:
AUDUBON, NJ 08106
Fire Alarm Contractor No.: 13VH06480400 Exp Date:
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX:
Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed _____
Constr. Class: Present Proposed _____
Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____
Location: _____
Est. Cost of Fire Protection Work $ 1,100.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity _____
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: _____
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 6/24/14
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6/24/14	[signature]
Other _____				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: _____

Print name here: _____ [ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REPLACE GAS FURNACE.
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System [ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump [ ] GPM Type [ ]		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	1	62.00
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge		$
Minimum Fee		$ 3.00
State Permit Surcharge Fee		$
TOTAL FEE		$ 65.00

U.C.C. F140 (rev. 02/11) Internet version

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

CONSTRUCTION PERMIT

Permit #: 14-00347
Date Issued: 6-11-14

IDENTIFICATION Block/Lot/Qual: 163. 6.
Work Site Location: 906 GRANT AVE
Owner in Fee: HAVENS, R M
Address: 906 GRANT AVE
COLLINGSWOOD, N J 08107-2
Tel. [redacted]

Contractor: AUDUBON CESCO CORP
Address: 257 W NICHOLSON RD
AUDUBON, NJ 08106
Tel. (856)547-3000
Lic. No. or Bldrs. Reg. No. 13VH06480400

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE GAS FURNACE.

PAYMENTS (Office Use Only)	
Building	
Electrical	65.00
Plumbing	65.00
Fire Protection	65.00
Elevator Devices	
Other	
DCA State Permit Fee	4.00
Cert. of Occupancy	
Other	
Total	199.00

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 $ 2,600.00

_____ 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

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

INVOICE #
I1400180

INVOICE DATE: 06/04/14
DUE DATE: 07/04/14

ACCOUNT ID: AUDUBO02

AUDUBON CESCO CORP
257 W NICHOLSON RD
AUDUBON, NJ 08106

PERMIT INFORMATION
PERMIT NO: 14-00347
LOCATION: 906 GRANT AVE

QUANTITY/UNIT	SERVICE ID	DESCRIPTION	UNIT PRICE	AMOUNT
		Permit No: 14-00347		
1.0000	UCDCAALT	DCA Alteration Fee	4.00000	4.00
		Permit No: 14-00347		
1.0000	UCE20A	KW Central A/C Unit	15.00000	15.00
		Permit No: 14-00347		
1.0000	UCP14A	Gas Piping	15.00000	15.00
		Permit No: 14-00347		
1.0000	UCF19A	Oil/Gas Fired Appliance	62.00000	62.00
		Permit No: 14-00347		
1.0000	UCE29J	Electric Min Fee	50.00000	50.00
		Permit No: 14-00347		
1.0000	UCPMINFE	Plumbing Sub Code Min Fee	50.00000	50.00
		Permit No: 14-00347		
1.0000	UCFMINFE	Fire Subcode Min Fee	3.00000	3.00
		Permit No: 14-00347		
			TOTAL DUE:	$ 199.00

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

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Audubon Casco Corp
Michael J Granroth
257 W. Nicholson Road
Audubon NJ 08106

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

11/04/2013 TO 12/31/2014
VALID

13VH06480400
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 45026
Newark, NJ 07101

11/04/2013 TO 12/31/2014

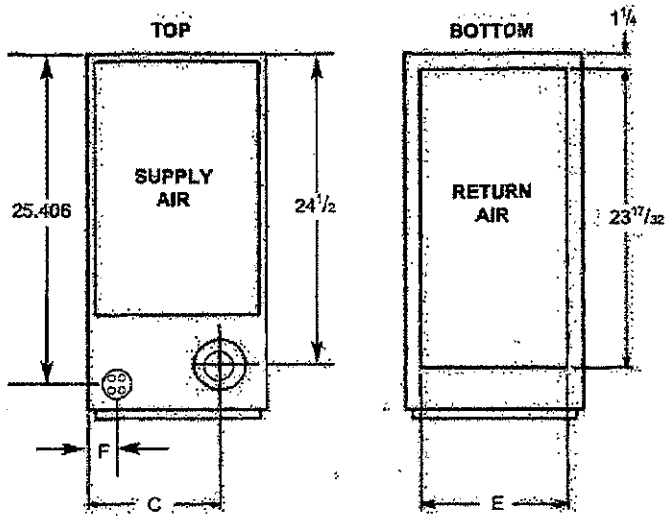
13VH06480400

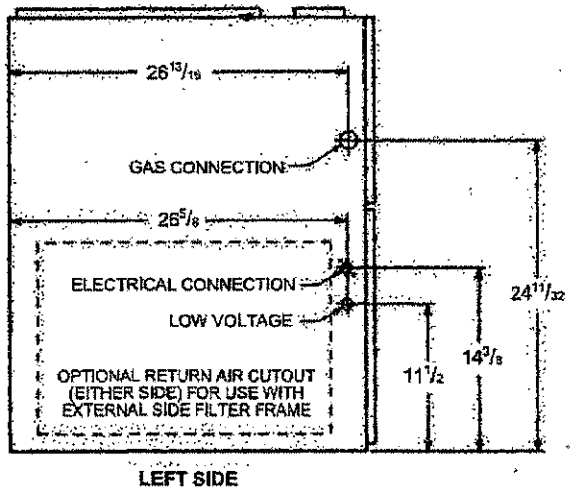
PLEASE DETACH HERE

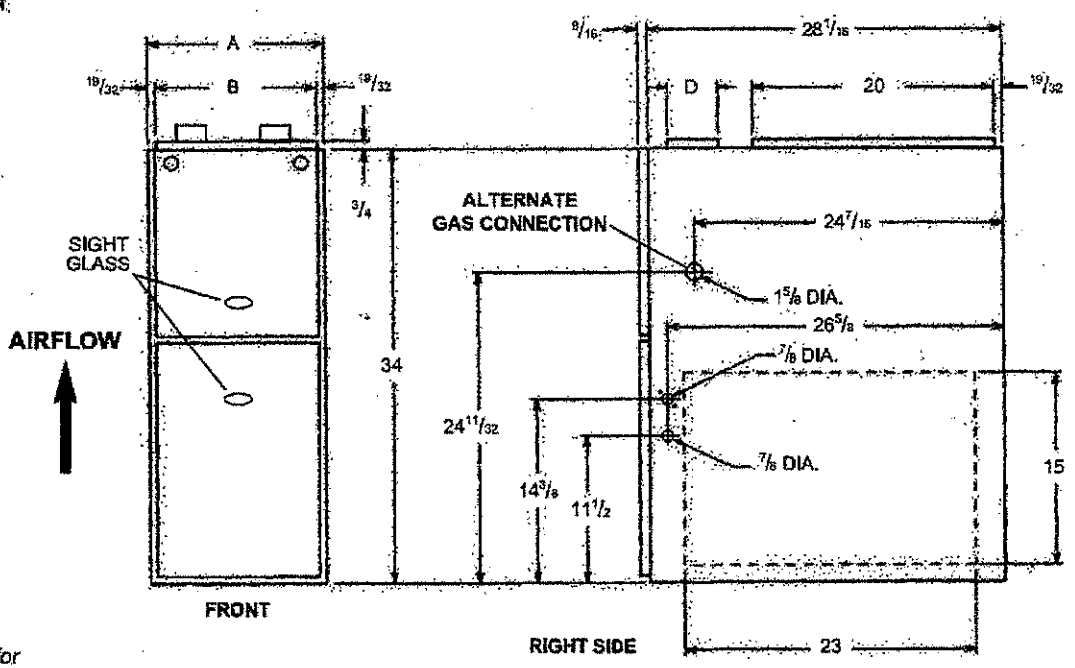
CLEARANCE TO COMBUSTIBLE MATERIAL (INCHES)
UPFLOW/HORIZONTAL MODELS

Model	A	B	C	D	E	F	REDUCED CLEARANCE (IN.) Left Side	Right Side	Back	Top	Front	Vent	Ship. Wgts.
05	14	12 3/32	10 5/8	③	11 1/2	1 7/8	0	4②	0	1	3	6①	85 lbs.
07	17 1/2	16 11/32	12 7/8	③	15	2 1/2	0	3②	0	1	3	6①	105 lbs.
10(A)	17 1/2	16 11/32	12 7/8	①	15	2 1/2	0	3②	0	1	3	6①	115 lbs.
10(B)	21	19 29/32	14 7/8	③	18 1/2	2 1/2	0	0	0	1	3	6①	120 lbs.
12	24 1/2	23 11/32	15 7/8	③	22	2 1/2	0	0	0	1	3	6①	140 lbs.
15	24 1/2	23 11/32	15 7/8	①	22	2 1/2	0	0	0	1	3	6①	150 lbs.

① May require 3" to 4" or 3" or 5" adapter.
② May be 0" with type B vent.
③ May be 1" with type B vent.







IMPORTANT: *This furnace is not approved or recommended for installation on its back, with access doors facing upwards.*

FIGURE 3
UPFLOW/HORIZONTAL DIMENSIONS

Electrical and Physical Data

Model Number 14AJM	ELECTRICAL							PHYSICAL						
	Phase Frequency (Hz) Voltage (Volts)	Compressor		Fan Motor Full Load Amperes (FLA)	Minimum Circuit Ampacity Amperes	Fuse or HACR Circuit Breaker		Outdoor Coil			Refrig. Per Circuit Oz. [g]	Weight	
		Rated Load Amperes (RLA)	Locked Rotor Amperes (LRA)			Minimum Amperes	Maximum Amperes	Face Area Sq. Ft. [m²]	No. Rows	CFM (L/s)		Net Lbs. [kg]	Shipping Lbs. [kg]
Rev. 4/5/2013													
19	1-60-208/230	9/9	46	0.5	12/12	15/15	20/20	11.80 [1.1]	1	2805 [1324]	87 [2466]	140 [63.5]	157 [63.5]
25	1-60-208/230	13.5/13.5	58.3	0.8	18/18	25/25	30/30	16.39 [1.52]	1	2805 [1324]	105.6 [2994]	154 [69.9]	171 [69.9]
30	1-60-208/230	12.8/12.8	64	0.68	18/18	25/25	30/30	16.39 [1.52]	1	2915 [1376]	112 [3175]	157 [71.2]	175 [71.2]
36	1-60-208/230	16.7/16.7	79	1.9	23/23	30/30	35/35	21.85 [2.03]	1	3435 [1621]	130.4 [3697]	181 [82.1]	201 [82.1]
42	1-60-208/230	17.9/17.9	112	2.8	26/26	30/30	40/40	21.85 [2.03]	1	3550 [1675]	145.12 [4114]	205 [93]	225 [93]
48	1-60-208/230	21.8/21.8	117	2.8	31/31	40/40	50/50	21.85 [2.03]	2	4310 [2034]	216 [6124]	249 [112.9]	269 [112.9]
49	1-60-208/230	19.9/19.9	109	1.9	27/27	35/35	45/45	21.85 [2.03]	2	3615 [1706]	213 [6033]	249 [112.9]	269 [112.9]
56	1-60-208/230	21.4/21.4	135	1.9	29/29	35/35	50/50	21.85 [2.03]	2	3615 [1706]	241 [6832]	254 [115.2]	274 [115.2]
60	1-60-208/230	26.4/26.4	134	1.7	36/36	45/45	60/60	21.85 [2.03]	2	4310 [2034]	240 [6804]	254 [115.2]	274 [115.2]

NOTE: Factory Refrigerant Charge includes refrigerant for 15 feet of standard line set.

[ ] Designates Metric Conversions

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 1103 Lot 6 Qualification Code

Work Site Location 906 Grant Ave. W. Collingswood, NJ 08107

Owner in Fee: Rose M. Havens

Tel. [redacted] e-mail

Address 906 Grant Ave, W. Collingswood, NJ 08107
street municipality zip code

Contractor: Stevenson Electric Inc. Tel. (609) 267-4200

Address 1205 Deacon Road e-mail jeffsel@comcast.net
Hainesport, NJ 08036

Contractor License No. 10912 Exp. Date 03/01/2015

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

Federal Emp. ID No [redacted] FAX: (609) 267-6040

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 300.00

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: George Stevenson

Print name here: George Stevenson

[X] Licensed Elec. Contractor [ ] Certified Landscape Irrigation Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Disconnect box with condenser

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	3	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
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date 6/4/14 Approved by BP
[ ] 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) Failure	Failure	Approval	Initial
Type:				
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.

MECHANICAL INSPECTOR TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____

Work Site Location 906 Grant Ave.
W. Collingswood, NJ 08107

Owner in Fee Rose M. Havens

Address 906 Grant Ave.
W. Collingswood, NJ 08107

Tele. [redacted]

Contractor Audubon-Cesco Corp.

Address 257 W. Nicholson Rd
Audubon, NJ 08106

Tele. (856) 547-3000 Fax ( ) _____

Lic. No. 13VH06480400

Federal Emp. No. [redacted]50

B. MECHANICAL CHARACTERISTICS

Use Group R-3/R-4

Heating System [ ] Conversion [✓] Replacement

Fuel: [✓] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____

Type: [ ] Hydronic [ ] Hot Air

Estimated Cost of Mechanical Work $ 1200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire [ ] Mech.

PLANS APPROVED
Date: 6-3-14
Approved by: [signature]

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

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

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.

Marianne Rapp
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove gas furnace -
Install new gas furnace
+ reconnect

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

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

U.C.C. F145
(6/98)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 163 Lot 6 Qualification Code

Work Site Location 906 Grant Ave, W. Collingswood, NJ 08107

Owner in Fee: Rose M. Havens

Tel [redacted] e-mail

Address 906 Grant Ave, W. Collingswood, NJ 08107
street municipality zip code

Contractor: Audubon Cesco Corp. Tel (856) 547-3000

Address 257 W. Nicholson Rd, Audubon, NJ 08106 e-mail

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

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

Fire Alarm Contractor No. Exp. Date

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

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present GAS Proposed GAS Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present Proposed Location of Panel:

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

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

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 1100.00

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. Marianne Lago
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Install gas furnace

Water Supply Source

Method of Alarm/Suppression System Supervision

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

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 6/8/17

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

U.C.C. F140
(rev. 7/06)

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