



Pemberton Township
500 Pemberton-Browns Mills Road
Pemberton, NJ 08068

Cloud

Certificate
Construction Code Division
(Certificate of Approval)

Date Issued 2/19/2021
Control Number 919459
Permit Number 20210039
Permit Issue Date 1/19/2021

Certificate Number 20210039

Identification

Block: 375 Lot: 51 Qual: _____
Work Site Location: 61 POPPY ST PEMBERTON, NJ

Owner in Fee: HARTUNG, RICHARD
Owner Address: 61 POPPY STREET BROWNS MILLS NJ 08015
Telephone: [REDACTED]

Contractor _____
Address _____
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____
Federal Emp. Number: _____

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: _____ Use Group: R-5

Maximum Occupancy Load: 0 Maximum Live Load: 0

Description of Work/Use:
A/C & AIR HANDLER

Certificate Comments:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

Construction Official

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____
Collected By: _____

Date Printed: 4/28/2022

Page 1



CONSTRUCTION PERMIT

Date Issued 1/19/2021
Control # 919459
Permit # 20210039

IDENTIFICATION Block: 375 Lot: 51 Qualifier _____
Work Site Location: 61 POPPY ST PEMBERTON, NJ Contractor GUARANTEED SERVICE.COM
Owner in Fee HARTUNG, RICHARD Address 9 SHIRLEY AVENUE SOMERSET NJ 08873
61 POPPY STREET BROWNS MILLS NJ 08015 Telephone: (732) 784-6447
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. 8-2374117

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☒ OTHER

DESCRIPTION OF WORK:

A/C & AIR HANDLER

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

Estimated Cost of Work \$7,250

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$49
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$46.00
DCA Training Fee	\$13
CO Fee	
Other	\$51
Total	\$159
Check No.	
Cash	\$159
Credit	\$0
Collected By	

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

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

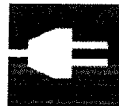
☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment;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

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

If you do not understand any of this information, please ask.



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 9/17/2020
Date Issued 1/19/2021
Control # 919459
Permit # 20210039

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

Block 375 Lot 51 Qualification Code _____

Work Site Location: 61 POPPY ST. PEMBERTON, NJ

Owner in Fee: HARTUNG, RICHARD

Address 61 POPPY STREET BROWNS MILLS NJ 08015

Email _____

Tel. [REDACTED]

Contractor: GUARANTEED SERVICE.COM

Address 9 SHIRLEY AVENUE SOMERSET NJ 08873

Email _____

Tel. (732) 784-6447 Fax. (732) 852-7818

Lic No. _____ Exp. Date _____

Home improvement Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Employee No. 8-2374117

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed R-5

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$7,000

JOB SUMMARY (Office Use Only)						
PLAN REVIEW	Date	Initial	INSPECTIONS		Dates (Month/Day)	
☐ No Plan Required			Type:	Failure	Failure	Approval
☐ Partial/Underslab Approved			Rough			
☐ Partial Underslab Utilities Approved			Barrier-Free			
Date: _____ by: _____			Trench			
☐ Electrical Plans Approved			Temp. Serv.			
Date: _____ by: _____			Constr. Serv.			
☐ Joint Plan Review Required			TCO			
☐ Building ☐ Plumbing			Other			
☐ Fire ☐ Elevator			Service			
SUBCODE APPROVAL for PERMIT			Final			
Date: _____			Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE			Temp. Cut-in-Card Date Issued			
☐ CO ☐ CCO ☐ CA			Final Cut-in-Card Date Issued			
Date: _____			Annual Pool Inspection			
Approved by: _____			Date of Grounding and Bonding			
			Certification			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name _____

☐ Licensed Elec Contr ☐ Certif'd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
A/C & AIR HANDLER

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
<u>1</u>		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
<u>1</u>		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
<u>1</u>	<u>5</u>	KW Central A/C Unit	<u>\$15</u>
		HP/KW Space Heater/Air	
		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 \$24

Minimum Fee _____

State Permit Surcharge Fee \$13

TOTAL FEE \$86



MECHANICAL SUBCODE TECHNICAL SECTION



Date Received 9/17/2020
Control # 919459
Date Issued 1/19/2021
Permit # 20210039

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

Block 375 Lot 51 Qualification Code _____

Work Site Location: 61 POPPY ST PEMBERTON, NJ

Owner in Fee: HARTUNG, RICHARD

Address 61 POPPY STREET BROWNS MILLS NJ 08015

_____ Email _____

Tel. [REDACTED]

Contractor: GUARANTEED SERVICE.COM

Address 9 SHIRLEY AVENUE SOMERSET NJ 08873

_____ Email _____

Tel. (732) 784-6447 Fax. (732) 852-7818

Contractor License No. _____ Expiration Date: _____

Home improvement Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Emp. ID No. 8-2374117

B. MECHANICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

Heating System ☐ New ☐ Modification to Existing ☐ Conversion ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other _____

Estimated Cost of Mechanical Work \$250

JOB SUMMARY (Office Use Only)

PLAN REVIEW: Date _____ Initial _____

☐ No Plan Required

☐ MECHANICAL PLANS APPROVED

Date: _____

Approved by: _____

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire ☐ Mechanical

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CA ☐ CCO

Date: _____

Approved by: _____

INSPECTIONS

Type: Failure Failure Approval Initial

Gas Piping _____

Appliance _____

Chimnet/Vent _____

Piping _____

Tank _____

Cooling/AC _____

Generator _____

Fireplace _____

Chimney Cert. _____

Other _____

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. _____

Signature

Print Name Here _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

A/C & AIR HANDLER

NO.

FIXTURES/EQUIPMENT

FEE (Office Use Only)

Water Heater

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Generator

Other A/C \$15

Administrative Surcharge \$27

Minimum Fee \$65

State Permit Surcharge Fee \$13

TOTAL FEE \$86



Pemberton Township
500 Pemberton-Browns Mills Road
Pemberton, NJ 08068

Inspection Activity Report

Inspections for Permit Number 20210039

Permit Number

20210039

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner		Work Type	Work Description	Inspection Comments
					Location				
02/19/2021	Final	Electrical Underwriters	Electrical	Pass	HARTUNG, RICHARD		Alteration		Inspection: Inspection Type 1: Final Date Requested: 2/19/2021 Date Inspected: 2/19/2021 Requested by: Requested by Phone: Inspector: BUE Entered By: Donna Special Instructions: Comments:
02/19/2021	Final	Daniel Wassenar InActive	Mechanical	Pass	61 POPPY ST HARTUNG, RICHARD		Alteration		Inspection: Inspection Type 1: Final Date Requested: 2/19/2021 Date Inspected: 2/19/2021 Requested by: Requested by Phone: Inspector: IH Entered By: Donna Special Instructions: Comments:
					61 POPPY ST				



Pemberton Township
500 Pemberton-Browns Mills Road
Pemberton, NJ 08068

Closed

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued 5/13/2009
Control Number 904975
Permit Number 20090310
Permit Issue Date 5/11/2009
Certificate Number 20090310

Identification

Block: 375 Lot: 51 Qual: _____

Work Site Location: 61 POPPY ST PEMBERTON, NJ

Owner in Fee: WILLARD MATTHEWS

Owner Address: 4 HORNET LA PEMBERTON NJ 08068

Telephone: [REDACTED]

Contractor _____

Address _____

Telephone: _____ Fax: _____

License Number or Builders Registration Number: _____

Federal Emp. Number: _____

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: _____ Use Group: R-5

Maximum Occupancy Load: 0 Maximum Live Load: 0

Description of Work/Use:
REPLACE WATER LINE/STREET TO HOME

Certificate Comments:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

Construction Official _____

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____

Date Printed: 4/28/2022

Page 1



CONSTRUCTION PERMIT

Date Issued 5/11/2009
Control # 904975
Permit # 20090310

IDENTIFICATION Block: 375 Lot: 51 Qualifier _____
Work Site Location: 61 POPPY ST PEMBERTON, NJ Contractor PIPERS PLUMBING
Owner in Fee WILLARD MATTHEWS Address 50 MAIN STREET MEDFORD NJ -
4 HORNET LA PEMBERTON NJ 08068 Telephone: (609) 654-6824
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee. No. -45108

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

REPLACE WATER LINE/STREET TO HOME

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

Estimated Cost of Work \$400

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$66
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$17
Total	\$84
Check No.	
Cash	\$84
Credit	\$0
Collected By	

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

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

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

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

If you do not understand any of this information, please ask.



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 375 Lot 51 Qualification Code _____

Work Site Location: 61 POPPY ST PEMBERTON, NJ

Owner in Fee: WILLARD MATTHEWS

Address 4 HORNET LA PEMBERTON NJ 08068

Email _____

Tel. [REDACTED]

Contractor: PIPERS PLUMBING

Address 50 MAIN STREET MEDFORD NJ -

Email _____

Tel. (609) 654-6824 Fax. _____

Home improvement Contractor Registration No. or Exemption Reason(is applicable): _____

Contractor License No. _____ Expiration Date: _____

Federal Employee No. -45108

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-5

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$400

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing					
PLAN REVIEW	Date	Initial	INSPECTIONS				
			Type:	Failure	Failure	Approval	Initial
☐ No Plan Required			Slab	_____	_____	_____	_____
☐ Partial Underslab Utilities Approved			Rough	_____	_____	_____	_____
Date: _____ by: _____			Water	_____	_____	_____	_____
☐ Plumbing Plans Approved			Sewer	_____	_____	_____	_____
Date: _____			Fixtures	_____	_____	_____	_____
Approved by: _____			Gas Equipment	_____	_____	_____	_____
Joint Plan Review Required			Gas Piping	_____	_____	_____	_____
☐ Building ☐ Electrical			LPGas Tank	_____	_____	_____	_____
☐ Fire ☐ Elevator			Fuel Oil Piping	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT			Solar	_____	_____	_____	_____
Date: _____			TCO	_____	_____	_____	_____
Approved by: _____			Final	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			Other	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA							
Date: _____							
Approved by: _____							

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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

Date Received 5/7/2009
Control # 904975
Date Issued 5/11/2009
Permit # 20090310

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK REPLACE WATER LINE/STREET TO HOME	
NO.	FEE (Office Use Only)
_____	Water Closet
_____	Urinal/Bidet
_____	Bath Tub
_____	Lavatory
_____	Shower
_____	Floor Drain
_____	Sink
_____	Dishwasher
_____	Drinking Fountain
_____	Washing Machine
_____	Hose Bibb
_____	Water Heater
_____	Fuel Oil Piping
_____	Gas Piping
_____	LP Gas Tank
_____	Steam Boiler
_____	Hot Water Boiler
_____	Sewer Pump
_____	Interceptor/Separator
_____	Backflow Preventor
_____	Greasetrap
_____	Sewer Connector
<u>1</u>	Water Service Connection <u>\$82</u>
_____	Stacks
_____	Other _____
☐ Private Septic ☐ Private Well	
Administrative Surcharge <u>\$17</u> Minimum Fee _____ State Permit Surcharge Fee <u>\$1</u> TOTAL FEE <u>\$84</u>	

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



Pemberton Township
500 Pemberton-Browns Mills Road
Pemberton, NJ 08068

Inspection Activity Report

Inspections for Permit Number 20090310

Permit Number

20090310

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner	Work Type	Work Description	Inspection Comments
					Location			
05/13/2009		Plumbing Underwriters	Plumbing	Pass	WILLARD MATTHEWS	Alteration		Inspection: Inspection Type 1: WaterLine Date Requested: 5/13/2009 Date Inspected: 5/13/2009 Requested by: Requested by Phone: Inspector: BUP Entered By: Admin Special Instructions: Comments:
05/13/2009	Final	Plumbing Underwriters	Plumbing	Pass	61 POPPY ST WILLARD MATTHEWS	Alteration		Inspection: Inspection Type 2: Final Requested by: Requested by Phone: Date Requested: 5/13/2009 Date Inspected: 5/13/2009 Inspector: BUP Entered By: Admin Special Instructions: Comments:
					61 POPPY ST			



Pemberton Township
500 Pemberton-Browns Mills Road
Pemberton, NJ 08068

Clared

Certificate
Construction Code Division
(Certificate of Approval)

Date Issued 8/11/2000
Control Number 889136
Permit Number 19990976
Permit Issue Date 11/9/1999
Certificate Number 19990976

Identification

Block: 375 Lot: 51 Qual: _____
Work Site Location: 61 Poppy St , NJ

Owner in Fee: Matthews, Willard
Owner Address: 823 Hornet Lane Pemberton NJ 08015
Telephone: [REDACTED]

Contractor _____
Address _____
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____
Federal Emp. Number: _____

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: _____ Use Group: R-4

Maximum Occupancy Load: 0 Maximum Live Load: 0

Description of Work/Use:
Service

Certificate Comments:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

Construction Official

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____

Date Printed: 4/28/2022

Page 1



CONSTRUCTION PERMIT

Date Issued 11/9/1999
Control # 889136
Permit # 19990976

IDENTIFICATION Block: 375 Lot: 51 Qualifier _____
Work Site Location: 61 Poppy St , NJ Contractor PRENDIMANO
Address 1612 MIDDLESEX ST TOMS RIVER NJ 08757
Owner in Fee Matthews, Willard
823 Hornet Lane Pemberton NJ 08015 Telephone: (732) 341-8014
Lic. No. or Bldrs. Reg. No. _____
Telephone: _____ Federal Employee. No. 2-23347998

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

Service1

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 \$500

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$28
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$28
Check No.	
Cash	\$32
Credit	\$0
Collected By	CAS

REQUIRED INSPECTIONS

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

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

- ☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:
1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 2. Foundations and all walls up to grade level prior to back filling.
 3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
 4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

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

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

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

If you do not understand any of this information, please ask.



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 11/9/1999
Date Issued 11/9/1999
Control # 889136
Permit # 19990976

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

Block 375 Lot 51 Qualification Code _____

Work Site Location: 61 Poppy St , NJ

Owner in Fee: Matthews, Willard

Address 823 Hornet Lane Pemberton NJ 08015

Email _____

Tel. [REDACTED]

Contractor: _____

Address NJ

Email _____

Tel. _____ Fax. _____

Lic No. _____ Exp. Date _____

Home improvement Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Employee No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed R-4

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS		Dates (Month/Day)	
☐ No Plan Required			Type:	Failure	Failure	Approval
☐ Partial/Underslab Approved			Rough	_____	_____	_____
☐ Partial Underslab Utilities Approved			Barrier-Free	_____	_____	_____
Date: _____ by: _____			Trench	_____	_____	_____
☐ Electrical Plans Approved			Temp. Serv.	_____	_____	_____
Date: _____ by: _____			Constr. Serv.	_____	_____	_____
☐ Joint Plan Review Required			TCO	_____	_____	_____
☐ Building ☐ Plumbing			Other	_____	_____	_____
☐ Fire ☐ Elevator			Service	_____	_____	_____
SUBCODE APPROVAL for PERMIT			Final	_____	_____	_____
Date: _____			Barrier-Free	_____	_____	_____
Approved by: _____			Temp. Cut-in-Card	Date Issued	_____	_____
SUBCODE APPROVAL for CERTIFICATE			Final Cut-in-Card	Date Issued	_____	_____
☐ CO ☐ CCO ☐ CA			Annual Pool Inspection	_____	_____	_____
Date: _____			Date of Grounding and Bonding	_____	_____	_____
Approved by: _____			Certification	_____	_____	_____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certifd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Service:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors - Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communication Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	_____
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptical	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Recepticle	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposal	_____
_____	_____	KW Central A/C Unit	_____
_____	_____	HP/KW Space Heater/Air	_____
_____	_____	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 \$28



Pemberton Township
500 Pemberton-Browns Mills Road
Pemberton, NJ 08068

Inspection Activity Report

Inspections for Permit Number 19990976

Permit Number

19990976

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
08/11/2000	SERVICE	***	Electrical	Pass	Matthews, Willard	Alteration		Inspection: Inspection Type 1: Service Date Requested: 8/11/2000 Date Inspected: 8/11/2000 Requested by: Requested by Phone: Inspector: *** Entered By: Rose Special Instructions: Comments:
08/11/2000	Final	Electrical Underwriters	Electrical	Pass	61 Poppy St Matthews, Willard	Alteration		Agent: PRENDIMANO Phone: (732) 341-8014/
					61 Poppy St			



CONSTRUCTION PERMIT

Date Issued 4/19/1994
Control # 103156
Permit # 19943351

IDENTIFICATION Block: 375 Lot: 51-52 Qualifier _____
Work Site Location: 61 POPPY ST PEMBERTON, NJ Contractor _____
Owner in Fee MATTHEWS, WILLARD - ROOF/SERVICE Address _____
61 POPPY ST NJ Telephone: _____
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

Is hereby granted permission to perform the following work:

- | | | |
|--|--|--|
| ☒ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☐ OTHER |

DESCRIPTION OF WORK:

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 \$600

PAYMENTS (Office Use Only)

Building	\$20
Electrical	\$46
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$66
Check No.	
Cash	\$0
Credit	\$0
Collected By	

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

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

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

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

If you do not understand any of this information, please ask.



BUILDING SUBCODE TECHNICAL SECTION



Date Received 4/19/1994
Control # 103156
Date Issued 4/19/1994
Permit # 19943351

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 375 Lot 51-52 Qualification Code _____

Work Site Location: 61 POPPY ST PEMBERTON, NJ

Owner in Fee: MATTHEWS, WILLARD- ROOF/SERVICE

Address 61 POPPY ST NJ

Tel. _____ Email _____

Contractor: _____

Address NJ

Tel. _____ Email _____

Tel. _____ Fax. _____

Contractor License No. or, if new home, Bldrs Reg. No. _____ Exp. _____

Home improvement Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Emp. ID No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required _____

☐ All _____

☐ Footing/Foundation _____

☐ Struct/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	Failure	Dates (Month/Day)	Initial
Type:		Failure	Approval
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 _____ If Industrial Building: _____

Constr. Class Present _____ Proposed _____ State Approved _____

Number of Stories _____ HUD _____

Height of Structure _____ Ft. Est. Cost of Bldg. Work: _____

Area - Largest Floor _____ Sq. Ft. 1. New Bldg. _____

New Bldg. Area / All Floors _____ Sq. Ft. 2. Rehabilitation _____

Volume of New Structure _____ Cu. Ft. 3. Total (1+2) _____

Total Land Area Disturbed _____ Sq. Ft.

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK

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

FEE (Office Use Only)

Administrative Surcharge _____

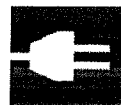
Minimum Fee _____

State Permit Surcharge Fee _____

TOTAL FEE \$20



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 4/19/1994
Date Issued 4/19/1994
Control # 103156
Permit # 19943351

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

Block 375 Lot 51-52 Qualification Code _____

Work Site Location: 61 POPPY ST PEMBERTON, NJ

Owner in Fee: MATTHEWS, WILLARD- ROOF/SERVICE

Address 61 POPPY ST NJ

Email _____

Tel. _____

Contractor: _____

Address NJ

Email _____

Tel. _____ Fax. _____

Lic No. _____ Exp. Date _____

Home improvement Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Employee No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed R-4

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
☐ No Plan Required			Type:	Failure	Failure	Approval	Initial
☐ Partial/Underslab Approved			Rough				
Partial Underslab Utilities Approved			Barrier-Free				
Date: _____ by: _____			Trench				
☐ Electrical Plans Approved			Temp. Serv.				
Date: _____ by: _____			Constr. Serv.				
Joint Plan Review Required			TCO				
☐ Building ☐ Plumbing			Other				
☐ Fire ☐ Elevator			Service				
SUBCODE APPROVAL for PERMIT			Final				
Date: _____			Barrier-Free				
Approved by: _____			Temp. Cut-in-Card Date Issued				
SUBCODE APPROVAL for CERTIFICATE			Final Cut-in-Card Date Issued				
☐ CO ☐ CCO ☐ CA			Annual Pool Inspection				
Date: _____			Date of Grounding and Bonding				
Approved by: _____			Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name _____

☐ Licensed Elec Cont'r ☐ 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	_____
_____	_____	Communication Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	_____
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptical	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Recepticle	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposal	_____
_____	_____	KW Central A/C Unit	_____
_____	_____	HP/KW Space Heater/Air	_____
_____	_____	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 \$46