CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 7113

DATE ISSUED _____

Block 34 Lot 4

Subdivision _____

A. IDENTIFICATION

Owner Penn Pizza

Address L.N. BHP

Tel. ( ) 761-0192

Work Site Address Same

Agent _____

Address Same

Tel. ( ) _____

Lic. No. _____

Federal Emp. No. _____

PAYMENTS

Permit Fee $ 62.00

Fees Remitted $ 62.00

☐ Check No. _____

☒ Cash

☐ Other _____

Collected By: _____

Date: 7-27-81

is hereby granted permission to perform the following work:

☒ BUILDING ☐ ELECTRICAL

☐ PLUMBING ☐ FIRE PROTECTION

☐ OTHER _____

Description of work:

Walk in refrigerator

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: $ 5000.00

CONSTRUCTION OFFICIAL

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 7042

DATE ISSUED 4-28-87

Block 14 Lot 9

Subdivision

A. IDENTIFICATION

Owner Pena Pizza Palace

Address 1 D. Black Horse Pike
Mt. Ephraim

Tel. ( ) 921-0551

Work Site Address Same

Agent D. Hargrove Roofing

Address 1139 Cambridge St
Camden

Tel. ( ) 962-5988

Lic. No.

Federal Emp. No. 22-202-3179

PAYMENTS

Permit Fee $ 25.00

Fees Remitted $

☐ Check No.

☒ Cash

☐ Other

Collected By:

Date: 4-28-87

is hereby granted permission to perform the following work:

☒ BUILDING ☐ ELECTRICAL

☐ PLUMBING ☐ FIRE PROTECTION

☐ OTHER Roofing

Description of work:

Install a Complete Fiberglass Built up Hot Asphalt Roof

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: $ 1950.00

Daniel Sweeney

CONSTRUCTION OFFICIAL

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

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: P8-00080
Issue Date: 03/29/18
Application Id: 507
Application Date: 03/08/18

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

Block/Lot/Qual: 34. 9.01

Work Site Location: 1 N BLACK HORSE PK

Owner in Fee: CAROLLO ANTONIO & FRANCESCA

Tel. email:

107 HASTINGS PLACE CINNAMINSON, NJ 08077

Contractor: FORMAN SIGN CO Tel. (215)827-6500

4601 BATH ST email:

PHILA, PA 19137

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

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

Federal Emp. ID No. 232859390 FAX: (215)827-6501

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL NEW WALL SIGN (30 SQ FT)
REFACE (1) EXISTING FREESTANDING SIGN
CABINET (64 SQ FT)

JOB SUMMARY (Office Use Only)

PLAN REVIEW

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

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[X] 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)

	$
Sign	282.00

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 282.00

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B

Constr. Class Present _____ Proposed _____

No. of Stories 0.00

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

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

Volume of New Structure 0 cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 4,000.00

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: P8-00080
Issue Date: 03/29/18
Application Id: 507
Application Date: 03/08/18

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

Block/Lot/Qual: 34. 9.01
Work Site Location: 1 N BLACK HORSE PK

Owner in Fee: CAROLLO ANTONIO & FRANCESCA
Tel. email:
107 HASTINGS PLACE CINNAMINSON, NJ 08077
Contractor: MIRARCHI BROTHERS Tel. (215)957-2600
2901 SAMUEL DRIVE email:
BENSALEM, PA 19020
Contractor License No.: Exp Date:
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 200.00

JOB SUMMARY (Office Use Only)

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

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

Dates (Month/Day)

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:
Print name here:
[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
INSTALL NEW WALL SIGN (30 SQ FT)

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		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	

Administrative Surcharge $
Minimum Fee $
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.