Closed

# CONSTRUCTION PERMIT

Date Issued 2/20/2003
Control # 894232
Permit # 20030060

IDENTIFICATION Block: 623 Lot: 3 Qualifier
Work Site Location: 1204 REDFEATHER TR BROWNS MILLS, NJ
Contractor SANDERS ENTERPRISES, INC
Address 2864 GARWOOD RD ERIAL NJ 08081

Owner in Fee MCLANE, STEVEN
1204 REDFEATHER TR BROWNS MILLS NJ 08015
Telephone: (609) 227-7955
Lic. No. or Bldrs. Reg. No.
Telephone: [redacted]
Federal Employee. No. [redacted]

**Is hereby granted permission to perform the following work:**

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

DESCRIPTION OF WORK:
GAS HOT WATER HEATER

**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** $499

Construction Official
2/20/2003
Date

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $0 |
| Electrical | $0 |
| Plumbing | $13 |
| Fire Protection | $0 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $0 |
| CO Fee | |
| Other | $2 |
| Total | $15 |
| Check No. | |
| Cash | $15 |
| Credit | $0 |
| Collected By | CAS |

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.

- [x] 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:

- [x] 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".

- [x] 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

Date Received 2/10/2003
Control # 894232
Date Issued 2/20/2003
Permit # 20030060

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

Block 623 Lot 3 Qualification Code

Work Site Location: 1204 REDFEATHER TR BROWNS MILLS, NJ

Owner in Fee: MCLANE, STEVEN

Address 1204 REDFEATHER TR BROWNS MILLS NJ 08015

Email

Tel. [redacted]

Contractor: SANDERS ENTERPRISES, INC

Address 2864 GARWOOD RD ERIAL NJ 08081

Email

Tel. (609) 227-7955 Fax.

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

Contractor License No. Expiration Date:

Federal Employee No. [redacted]

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed R-4

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $499

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

Truss Sys./Bracing

INSPECTIONS — Dates (Month/Day)

| Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| LPGas Tank | | | | |
| Fuel Oil Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| Final | | | | |
| Other | | | | |

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certifiy 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
GAS HOT WATER HEATER

| NO. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| | Water Closet | |
| | Urinal/Bidet | |
| | Bath Tub | |
| | Lavatory | |
| | Shower | |
| | Floor Drain | |
| | Sink | |
| | Dishwasher | |
| | Drinking Fountain | |
| | Washing Machine | |
| | Hose Bibb | |
| 1 | Water Heater | $10 |
| | Fuel Oil Piping | |
| 1 | Gas Piping | $10 |
| | LP Gas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventor | |
| | Greasetrap | |
| | Sewer Connector | |
| | Water Service Connection | |
| | Stacks | |
| | Other | |

☐ Private Septic
☐ Private Well

| | |
|---|---|
| Administrative Surcharge | $2 |
| Minimum Fee | |
| State Permit Surcharge Fee | |
| TOTAL FEE | $15 |

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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

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 20030060

Permit Number

**20030060**

| Inspection Date | Inspection Type | Inspector | Subcode | Result | Owner Location | Work Type | Work Description | Inspection Comments |
|---|---|---|---|---|---|---|---|---|
| 08/01/2003 | | | Plumbing | Pass | MCLANE, STEVEN<br><br>1204 REDFEATHER TR | Alteration | | Inspection: Inspection Type 1: HWH<br>Date Requested: 8/1/2003<br>Date Inspected: 8/1/2003<br>Requested by:<br>Requested by Phone:<br>Inspector: GSP<br>Entered By: Admin<br>Special Instructions:<br>Comments: |

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

# Certificate

Construction Code Division
(Certificate of Approval)

| | |
|---|---|
| Date Issued | 8/1/2003 |
| Control Number | 894232 |
| Permit Number | 20030060 |
| Permit Issue Date | 2/20/2003 |
| Certificate Number | 20030060 |

## Identification

Block: 623 Lot: 3 Qual:

Work Site Location: 1204 REDFEATHER TR BROWNS MILLS, NJ

Owner in Fee: MCLANE, STEVEN
Owner Address: 1204 REDFEATHER TR BROWNS MILLS NJ 08015
Telephone: [redacted]

Contractor SANDERS ENTERPRISES, INC
Address 2864 GARWOOD RD ERIAL NJ 08081
Telephone: (609) 227-7955 Fax:
License Number or Builders Registration Number:
Federal Emp. Number: [redacted]

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private
Construction Classification: Use Group: R-4
Maximum Occupancy Load: Maximum Live Load:
Description of Work/Use:
GAS HOT WATER HEATER

Certificate Comments:

☐ **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:**

☐ **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:**

Fee: $0.00
Check Number:
Collected By:

Construction Official

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

*Date Printed: 4/25/2024*

(CLOSED)

# CONSTRUCTION PERMIT

Date Issued 4/30/1997
Control # 885460
Permit # 19970396

IDENTIFICATION Block: 623 Lot: 3 Qualifier
Work Site Location: 1204 REDFEATHER TR PEMBERTON, NJ
Owner in Fee ROMERO,GILBERT
1204 REDFEATHER TR PEMBERTON NJ 08015
Telephone:

Contractor JOSEPH CLINE
Address 204 COLUMBUS AVE BROWNS MILLS NJ 08015
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Employee. 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:
SIDING

**Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.**
**Estimated Cost of Work** $1,200

Construction Official
4/30/1997
Date

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $20 |
| Electrical | $0 |
| Plumbing | $0 |
| Fire Protection | $0 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $1 |
| CO Fee | |
| Other | $0 |
| Total | $21 |
| Check No. | |
| Cash | $21 |
| Credit | $0 |
| Collected By | RA |

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.

- [x] 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:

- [x] 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".

- [x] 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 | 4/30/1997 |
| Control # | 885460 |
| Date Issued | 4/30/1997 |
| Permit # | 19970396 |

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

Block 623 Lot 3 Qualification Code

Work Site Location: 1204 REDFEATHER TR PEMBERTON, NJ

Owner in Fee: ROMERO,GILBERT

Address 1204 REDFEATHER TR PEMBERTON NJ 08015

Tel. Email

Contractor:

Address NJ

Email

Tel. Fax.

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

Home improvment 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 Type: | Failure | Dates (Month/Day) 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

Number of Stories

Height of Structure Ft.

Area - Largest Floor Sq. Ft.

New Blbg. Area / All Floors Sq. Ft.

Volume of New Structure Cu. Ft.

Total Land Area Disturbed Sq. Ft.

If Industrial Building:

State Approved

HUD

**Est. Cost of Bldg. Work:**

1. New Bldg.
2. Rehabilitation
3. Total (1+2)

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certifiy 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

SIDING

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 | $1 |
| TOTAL FEE | $21 |

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

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 19970396

Permit Number

**19970396**

| Inspection Date | Inspection Type | Inspector | Subcode | Result | Owner Location | Work Type | Work Description | Inspection Comments |
|---|---|---|---|---|---|---|---|---|
| 01/20/1998 | Final | | Building | Pass | ROMERO,GILBERT<br><br>1204 REDFEATHER TR | (None) | | Inspection: Inspection Type 1: Final<br>Date Requested: 1/20/1998<br>Date Inspected: 1/20/1998<br>Requested by:<br>Requested by Phone:<br>Inspector: MK<br>Entered By:<br>Special Instructions:<br>Comments: |

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

# Certificate

Construction Code Division

(Certificate of Approval)

| | |
|---|---|
| Date Issued | 1/20/1998 |
| Control Number | 885460 |
| Permit Number | 19970396 |
| Permit Issue Date | 4/30/1997 |
| Certificate Number | 19970396 |

## Identification

Block: 623 Lot: 3 Qual:

Work Site Location: 1204 REDFEATHER TR PEMBERTON, NJ

Owner in Fee: ROMERO,GILBERT

Owner Address: 1204 REDFEATHER TR PEMBERTON NJ 08015

Telephone:

Contractor JOSEPH CLINE

Address 204 COLUMBUS AVE BROWNS MILLS NJ 08015

Telephone: [redacted] Fax:

License Number or Builders Registration Number:

Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: Use Group: R-4

Maximum Occupancy Load: Maximum Live Load:

Description of Work/Use:
SIDING

Certificate Comments:

☐ **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:**

☐ **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:**

Fee: $0.00

Check Number:

Collected By:

Construction Official

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

*Date Printed: 4/25/2024*

Abandoned - not open

# CONSTRUCTION PERMIT

Date Issued 10/20/1994
Control # 103925
Permit # 19944096

IDENTIFICATION Block: 623 Lot: 3 Qualifier

Work Site Location: 1204 REDFEATHER TR PEMBERTON, NJ

Owner in Fee ROMERO,GILBERT POOL DECK
1204 REDFEATHER TR NJ

Telephone:

Contractor
Address

Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. 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:

**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** $3,500

Construction Official

10/20/1994
Date

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $20 |
| Electrical | $0 |
| Plumbing | $0 |
| Fire Protection | $0 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $3 |
| CO Fee | |
| Other | $0 |
| Total | $23 |
| Check No. | |
| Cash | $0 |
| Credit | $0 |
| Collected By | |

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.

- [x] 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:

- [x] 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".

- [x] 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 | 10/20/1994 |
| Control # | 103925 |
| Date Issued | 10/20/1994 |
| Permit # | 19944096 |

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

Block 623 Lot 3 Qualification Code _____

Work Site Location: 1204 REDFEATHER TR PEMBERTON, NJ

Owner in Fee: ROMERO,GILBERT POOL DECK

Address 1204 REDFEATHER TR NJ

Tel. _____ Email _____

Contractor: _____

Address NJ

_____ Email _____

Tel. _____ Fax. _____

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

Home improvment 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 Type: | Failure | Dates (Month/Day) 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 _____ 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 Blbg. 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 certifiy 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 | $3 |
| TOTAL FEE | $23 |

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

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 19944096

Permit Number

**19944096**

| Inspection Date | Inspection Type | Inspector | Subcode | Result | Owner<br>Location | Work Type | Work Description | Inspection Comments |
|---|---|---|---|---|---|---|---|---|
| 11/15/1995 | Final | | Building | | ROMERO,GILBERT POOL DECK<br><br>1204 REDFEATHER TR | (None) | | Inspection: Inspection Type 1: Final<br>Date Requested:<br>11/15/1995<br>Date Inspected:<br>Requested by:<br>Requested by Phone:<br>Inspector: PDL<br>Entered By:<br>Special Instructions:<br>Comments: |

CLOSED

# CONSTRUCTION PERMIT

Date Issued 9/12/2022
Control # C-22-00768
Permit # 20220638

IDENTIFICATION Block: 623 Lot: 3 Qualifier

Work Site Location: 1204 RED FEATHER TR BROWNS MILLS, NJ 08015

Owner in Fee HARRIS, TRUMAN B
1204 RED FEATHER TRL BROWNS MILLS NJ 08015

Telephone: [redacted]

Contractor HORIZON SERVICES
Address 17 ROLAND AVE MT LAUREL NJ 08054

Telephone: (856) 840-8400
Lic. No. or Bldrs. Reg. No. 13VH09997600 19HC00193700
Federal Employee. No. [redacted]

**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:

WATER HEATER REPLACEMENT GAS WH REPLACEMENT AND CHIMNEY LINER

**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** $5,517

| **PAYMENTS (Office Use Only)** | |
|---|---|
| Building | $0 |
| Electrical | $0 |
| Plumbing | $0 |
| Fire Protection | $0 |
| Elevator Devices | $0 |
| Other | $80.00 |
| DCA Training Fee | $10 |
| CO Fee | |
| Other | $18 |
| Total | $108 |
| Check No. | |
| Cash | $108 |
| Credit | $0 |
| Collected By | Lissette Burress |

Construction Official

9/12/2022
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.

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

# Inspection Activity Report

Inspections for Permit Number 20220638

Permit Number

**20220638**

| Inspection Date | Inspection Type | Inspector | Subcode | Result | Owner Location | Work Type | Work Description | Inspection Comments |
|---|---|---|---|---|---|---|---|---|
| 12/14/2022 | Final | | Mechanical | Pass | HARRIS, TRUMAN B<br>1204 RED FEATHER TR | Alteration | WATER HEATER REPLACEMENT | Agent: HORIZON SERVICES<br>Phone: (856) 840-8400/ |

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

# Certificate

Construction Code Division

(Certificate of Approval)

| | |
|---|---|
| Date Issued | 12/14/2022 |
| Control Number | C-22-00768 |
| Permit Number | 20220638 |
| Permit Issue Date | 9/12/2022 |
| Certificate Number | |

## Identification

Block: 623 Lot: 3 Qual:

Work Site Location: 1204 RED FEATHER TR BROWNS MILLS, NJ 08015

Owner in Fee: HARRIS, TRUMAN B

Owner Address: 1204 RED FEATHER TRL BROWNS MILLS NJ 08015

Telephone: [redacted]

Contractor HORIZON SERVICES

Address 17 ROLAND AVE MT LAUREL NJ 08054

Telephone: (856) 840-8400 Fax: (856) 234-4513

License Number or Builders Registration Number:

Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: Use Group: R-5

Maximum Occupancy Load: Maximum Live Load:

Description of Work/Use:
WATER HEATER REPLACEMENT GAS WH REPLACEMENT AND CHIMNEY LINER

Certificate Comments:

☐ **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:**

☐ **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: 4/25/2024*

# 1. Permits

| Permit Number | Permit Issue Date | Control Number | Location Address | Block | Lot | Application Date | Application Status | Subcodes Used | Change of Contractor |
|---|---|---|---|---|---|---|---|---|---|
| 20030446 | 07/29/2003 | 894732 | 1204 REDFEATHER TR | 623 | 3 | 06/17/2003 | CA and Close Date Issued | P E | False |
| 20030060 | 02/20/2003 | 894232 | 1204 REDFEATHER TR | 623 | 3 | 02/10/2003 | CA and Close Date Issued | P | False |
| 19970396 | 04/30/1997 | 885460 | 1204 REDFEATHER TR | 623 | 3 | 04/30/1997 | CA and Close Date Issued | B | False |
| 19944096 | 10/20/1994 | 103925 | 1204 REDFEATHER TR | 623 | 3 | 10/20/1994 | Open | B | False |
| 20220638 | 09/12/2022 | C-22-00768 | 1204 RED FEATHER TR | 623 | 3 | 08/31/2022 | CA and Close Date Issued | M | False |

**Grand Totals**

1992-1269 - Foveonics

BLOCK 623 LOT 3 ADDRESS (SITE) 1204 Red Feather Trail PERMIT NO. 92-1269

**TOWNSHIP OF PEMBERTON**
Dept. of Inspections
PO Box 175
New Lisbon, NJ 08064-0175
(609) 894-7932

# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work-site at: owners Address
2. Name of Owner in Fee: Gilbert X & Margaret V Lamson Tel. [redacted]
   Address 1204 Red Feather Trail (street) Browns Mills, N.J. (municipality) 08015 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: ____ Tel. (____) ____
   Address ____
   License No. OR, if new home, Builder Reg. No. ____ Exp Date ____
   Federal Emp. No. ____ Social Security No. ____
5. Architect or Engineer ____ Tel. (____) ____
   Address ____
6. Responsible Person In Charge of Work ____ Tel. (____) ____

## V. FEE SUMMARY (for office use only)

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ 15.00 | | |
| 2. Electrical | 43.00 | | |
| 3. Plumbing | | | |
| 4. Fire Protection | | | |
| 5. Other | 6.00 | | |
| 6. Subtotal | $ | | |
| 7. Less 20% for State Plan Review | | | |
| 8. Subtotal | $ | | |
| 9. DCA Training Fee | | | |
| 10. Subtotal | $ | | |
| 11. Cert. of Occupancy | 26.00 | | |
| 12. Other | 90.00 | | |
| 13. TOTAL 6-15-92 | $ ~~116.00~~ | | |

## VI. BUILDING/SITE CHARACTERISTICS

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

4161
00149_049996
2890 SF
*0002YBW*

## II. PROPOSED WORK

Above Ground Pool / 6' fence

| | 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 (single trade) | | | | | | | | | |
| 2. ☑ Small Job ($5,000 and no prior approvals) (Fence) | $1800.00 | KA | 6-10-92 | | 6-12-92 | [illegible] | | | |
| 3. ☐ New Building | | | | | | | | | |
| 4. ☐ Addition | | | | | | | | | |
| 5. ☐ Alteration | | | | | | | | | |
| 6. ☐ Fire Protection | | | | | | | | | |
| 7. ☐ Plumbing | | | | | | | | | |
| 8. ☑ Electrical | $125.00 | | | | | | | | |
| 9. ☐ Asbestos Abatement | | | | | | | | | |
| 10. ☐ Demolition | | | | | | | | | |
| TOTAL COSTS (EST.) | $1925.00 | | | | | | | | |

OPTIONAL (for office use only)

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

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

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

## VII. DESCRIPTION OF BUILDING USE

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

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

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

U.C.C. Form F-100A

9/15 called - rejected

CLOSED

## CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

Signature [signature] Date 6/9/92

II. AGENT SECTION

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

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone ( ____ ) _____

Signature _____ Date _____

TOWNSHIP OF PEMBERTON
P.O.175 NEW LISBON,NJ
609-894-7932

Date Issued 08/22/94
Control #
Permit # 92-1269

UCC NEW JERSEY
# CERTIFICATE

IDENTIFICATION

Block 623 Lot 3
Work Site Location 1204 REDFEATHER TR
BROWNS MILLS
Owner in Fee REMERO,JOE-POOL BOND/FENCE 6'
Address 1204 REDFEATHER TR
BROWNS MILLS, NJ 08015-
Telephone ( )
Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-
or Social Security No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-4
Maximum Live Load 0
Construction Classification 5B
Maximum Occupancy Load 0
Description of Work/Use:

ABOVE GROUND POOL & FENCE

## CERTIFICATE OF OCCUPANCY/APPROVAL

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

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

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

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

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

CONSTRUCTION OFFICIAL

Fee $ 26
Paid [X] Check No. 1007
Collected by: RA

Reject

You must have a
25' set back on
fence for a corner lot

Boxed

# REQUEST FOR INSPECTION

623 — BLOCK

1269 — PERMIT

1204 Redfeather — STREET ADDRESS

3 — LOT

fence — PROJECT

Type of Inspection final Bldg

Date Received 8/19 Date Requested 8/22

Date Inspected _____

**Results of Inspection**

☑ Approved ☐ Approved with conditions

☐ Disapproved (State Reasons Below)

☐ Sticker Posted On Job

INSPECTORS INITIALS

Department _____

**BUILDING SUBCODE**
**TECHNICAL SECTION**

Date Received
Date Issued 6-15-92
Control #
Permit # 92-1269

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

Block 623 Lot 3
Work Site Location —At Owner's Address—

Owner in Fee Gilbert X & Margaret V. Romero
Address 1200 Red Feather Trail
Browns Mills, N.J. 08015
Tele. [redacted]
Contractor
Address

Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial | INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|---|---|---|
| [ ] No Plans Req. | | | Footing | | | | |
| [ ] All | | | Foundation | | | | |
| [ ] Footing | | | Slab | | | | |
| [ ] Foundation | | | Frame | | | | |
| [ ] Frame | | | Insulation | | | | |
| [ ] Other | | | Finishes: | | | | |
| Joint Plan Review Required: | | | Energy | | | | |
| [ ] Elec. [ ] Plumb. [ ] Fire | | | Mechanical | | | | |
| SUBCODE APPROVAL | | | TCO | | | | |
| [ ] CO [ ] CCO [✓] CA | | | Other | | | | |
| Date: 8-22-94 | | | Final | | | 8-22-94 | |
| Approved By: | | | | | | | |

**B. BUILDING CHARACTERISTICS**

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

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

**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.

Gilbert X. Romero
Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Erect 6' Stockade Fence in order to secure Backyard Pool, From illegal/uninvited entry, As indicated in Attached Survey.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Other
[ ] Demolition
[ ] Miscellaneous
[✓] Fence 6FT. Height
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other CA

**(Office Use Only)**
FEE
$ 15.00
26.00

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $ 41.00

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

**BUILDING SUBCODE**
**TECHNICAL SECTION**

Date Received
Date Issued 6-15-92
Control #
Permit # 12-1269

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

Block 623 Lot 3
Work Site Location —At Owner's Address—

Owner in Fee Filbert X & Margaret V. Ramond
Address 1 and Red Feather Trail
Browns Mills N.J. 08015
Tele [redacted]
Contractor
Address

Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial | INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|---|---|---|
| [ ] No Plans Req. | | | Footing | | | | |
| [ ] All | | | Foundation | | | | |
| [ ] Footing | | | Slab | | | | |
| [ ] Foundation | | | Frame | | | | |
| [ ] Frame | | | Insulation | | | | |
| [ ] Other | | | Finishes: | | | | |
| Joint Plan Review Required: | | | Energy | | | | |
| [ ] Elec. [ ] Plumb. [ ] Fire | | | Mechanical | | | | |
| SUBCODE APPROVAL | | | TCO | | | | |
| [ ] CO [ ] CCO [ ] CA | | | Other | | | | |
| Date: | | | Final | | | | |
| Approved By: | | | | | | | |

**B. BUILDING CHARACTERISTICS**

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

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

**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

Erect 6' Stockade Fence in order to secure Backyard Pool, from illegal/uninvited entry, as indicated in attached Survey.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Other
[ ] Demolition
[ ] Miscellaneous
[✓] Fence 6FT. Height
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other

(Office Use Only)
FEE
$ 15.00
26.00

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $ 41.00

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

TOWNSHIP OF PEMBERTON
Dept. of Inspections
PO Box 175
New Lisbon, NJ 08064-0175
(609) 894-7932

# CONSTRUCTION PERMIT

Date Issued 6-15-92
Control #
Permit # 92-1269

IDENTIFICATION Block 623 Lot 3

Work Site Location 1204 Redfeather Dr. Mounts Mills Dr.

Owner in Fee Gilbert & Margaret Romero

Address same

Tele. ( ) 

Contractor Self

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

[ ✓ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ✓ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

above grd Pool & 6' fence

| PAYMENTS (Office Use Only) | |
|---|---|
| Building | 15.00 |
| Plumbing | |
| Electrical | 43.00 |
| Fire Protection | |
| Other | 6.00 |
| Other | |
| DCA Training Fee | |
| Cert. of Occ. | 26.00 |
| Other | |
| Total | ~~[illegible]~~ 90.00 |
| Check No. | 1007 |
| Cash | |
| Collected By: | Cashier |

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 $ 1925

CONSTRUCTION OFFICIAL

Rec'd 12002 (see reverse side)

U.C.C. Form F-170A

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 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 work installed conforms to the approved plans and 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

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

TOWNSHIP OF PEMBERTON
Dept. of Inspections
PO Box 175
New Lisbon, NJ 08064-0175
(609) 894-7932

# CONSTRUCTION PERMIT

Date Issued 6-15-92
Control #
Permit # 92-1269

IDENTIFICATION Block 623 Lot 3

Work-Site Location 1204 Rodgerwher Dr. Colonial Mills Dr.

Owner in Fee Gilbert & Margaret Romero

Address Same

Tele. ( ) 

Contractor Self

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER

[✓] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

above gd Pool & 6' fence

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 $ 1925

| PAYMENTS (Office Use Only) | |
|---|---|
| Building | 15.00 |
| Plumbing | |
| Electrical | 43.00 |
| Fire Protection | |
| Other | 6.00 |
| Other | |
| DCA Training Fee | |
| Cert. of Occ. | 26.00 |
| Other | |
| Total | 90.00 |
| Check No. | 1007 |
| Cash | |
| Collected By: | Cashier |

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

LeCH 12002 (see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 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 work installed conforms to the approved plans and 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

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

U.C.C. Form 170B

# REQUEST FOR INSPECTION

623
BLOCK

92-1269
PERMIT

1204 Red feather
STREET ADDRESS

3
LOT

pool bond
PROJECT

Type of Inspection: final electric

Date Received 6-16-92 Date Requested 6-17-92

Date Inspected

Romero

Please Call first

235-2500

**Results of Inspection**

☐ Approved ☐ Approved with conditions

☐ Disapproved (State Reasons Below)

Lack BUG!

☐ Sticker Posted On Job

INSPECTORS INITIALS

Department

Garden State Electrical Inspection Services, Inc.

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 7-27-01
Date Issued 8-15-01
Control #
Permit # 01-1367

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

ock 623 Lot 3
ork Site Location – At Owners Address –
wner in Fee Gilbert X. & Margaret V. Romero
dress 1204 Red Feather Trail
Browns Mills, N.J. 08015
le. ([redacted]
ntractor
ldress
le. ( )
. No.
deral Emp. No. or Social Security No.

**ELECTRICAL CHARACTERISTICS**

] Reinspection [ ] Resale [ ] Meter Set
] Pole/Pad # [ ] Temporary [ ] Other
ilding Occupied as Utility Co.
t. Cost of Elec. Work $ 125.00

**OB SUMMARY (Office Use Only)**

LAN REVIEW:
] No Plans Required
oint Plan Review Required:
] Bldg. [ ] Plumb. [ ] Fire
] Elec. Plans Approved
ate:
pproved by:

UBCODE APPROVAL:
] CO [ ] CCO [✓] CA
ate:
pproved by:

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

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

**CERTIFICATION IN LIEU OF OATH**

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

Gilbert X. Romero
Signature-~~Contractor Seal~~

] Licensed Electrical Contractor [✓] Exempt Applicant

**D. TECHNICAL SITE DATA**

| NO. | SIZE | ITEM | FEE (Office Use Only) |
|---|---|---|---|
| | | Fixtures (1) | |
| | | Receptacles (2) | |
| | | Switches (3) | |
| | | Total 1 + 2 + 3 | |
| | | Range | |
| | | Oven(s) | |
| | | Surface Unit | |
| | | Dishwasher | |
| | | Garbage Disposal | |
| | | Dryer | |
| | | A/C Unit | |
| | | Burglar Alarms | |
| | | Intercoms Panels | |
| | | Smoke Detectors | |
| | | Whirlpool/spa | |
| 1 | | Pool Bonding | 43.00 |
| 1 | 1HP/120V | Pool Filter Motor | |
| | | Pool Lights | |
| | | Water Heater(s) | |
| | | Central heat: | |
| | | oil, gas or elec. | |
| | | Baseboard Heat Units | |
| | | Thermostats | |
| | | Heat Pump | |
| | | Pump(s) | |
| | | Motor Control Center/Sub Panels | |
| | | Signs | |
| | | Light Standards | |
| | | Motors—Fractional H.P. | |
| | | Motors—All Others | |
| | | Transformers | |
| | | Generators | |
| | | Service Entrance | |
| | | Other | |

Twistlock Duplex only one with GFI protection

Administrative Surcharge $ 6.00
Paid [ ] Check # Minimum Fee $ 49.00
Collected by: TOTAL FEE $

U.C.C. Form F-120A

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

Garden State Electrical Inspection Services, Inc.

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6-15-92
Control #
Permit # 92-1269

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

ock 623 Lot 3
'ork Site Location — At Owners Address —

wner in Fee Gilbert X. & Margaret V. Romero
ldress 1204 Red Feather Trail
Browns Mills, N.J. 08015
le. [redacted]
ontractor
ldress

le. ( )
:. No.
deral Emp. No. or Social Security No.

**ELECTRICAL CHARACTERISTICS**

] Reinspection [ ] Resale [ ] Meter Set
] Pole/Pad # [ ] Temporary [ ] Other
ilding Occupied as Utility Co.
t. Cost of Elec. Work $ 125.00

**OB SUMMARY (Office Use Only)**

'LAN REVIEW:
] No Plans Required
oint Plan Review Required:
] Bldg. [ ] Plumb. [ ] Fire
] Elec. Plans Approved
ate:
pproved by:

UBCODE APPROVAL:
] CO [ ] CCO [ ] CA
ate:
pproved by:

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

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

**CERTIFICATION IN LIEU OF OATH**

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

Gilbert X. Romero
Signature-~~Contractor Seal~~

] Licensed Electrical Contractor [✓] Exempt Applicant

**D. TECHNICAL SITE DATA**

| NO. | SIZE | ITEM | FEE (Office Use Only) |
|---|---|---|---|
| | | Fixtures (1) | |
| | | Receptacles (2) | |
| | | Switches (3) | |
| | | Total 1 + 2 + 3 | |
| | | Range | |
| | | Oven(s) | |
| | | Surface Unit | |
| | | Dishwasher | |
| | | Garbage Disposal | |
| | | Dryer | |
| | | A/C Unit | |
| | | Burglar Alarms | |
| | | Intercoms Panels | |
| | | Smoke Detectors | |
| | | Whirlpool/spa | |
| 1 | | Pool Bonding | 43.00 |
| 1 | 1Hp/120V | Pool Filter Motor | |
| | | Pool Lights | |
| | | Water Heater(s) | |
| | | Central heat: | |
| | | oil, gas or elec. | |
| | | Baseboard Heat Units | |
| | | Thermostats | |
| | | Heat Pump | |
| | | Pump(s) | |
| | | Motor Control Center/Sub Panels | |
| | | Signs | |
| | | Light Standards | |
| | | Motors—Fractional H.P. | |
| | | Motors—All Others | |
| | | Transformers | |
| | | Generators | |
| | | Service Entrance | |
| | | Other | |

Administrative Surcharge $ 6.00
Paid [ ] Check # Minimum Fee $ ~~49.00~~
Collected by: TOTAL FEE $

U.C.C. Form F-120A

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

Congratulations. You've wisely invested in a new dimension in filtration excellence – the **Pool Power Pak II–Program One**, a fully programmable pump unit by Doughboy. This unique and versatile pump combines sophisticated technology with easy operation to insure the luxury of programming multiple filter cycles in advance. In addition, because of the ease of varying your program times, you not only benefit by conserving energy during the day, but will also have more efficient filter cycles. Just think, no more worries about when to run your pump. Once programmed, **Pool Power Pak II–Program One** does the work for you, even when you're away from home. That means more time to enjoy your pool, compliments of Doughboy – the world's leading manufacturer of above-ground swimming pools.

This extra-ordinary pump is ideal for conserving energy because the program times are based specifically on your individual needs. For more effective energy conservation*, Doughboy recommends programming the unit for morning and evening cycles consisting of approximately four hours each in order to reduce usage during peak electrical hours.

*Remember, off-peak hours often have reduced rates which may result in lower electric bills.

In addition, morning and evening filter cycles will also provide more efficient filtering action by extending the backwashing intervals; the time between the filter cleanings. Efficiency is enhanced when the morning filter cycle is completed and the filter media relaxes inside the filter tank. This way, when the evening filter cycle begins, the filter media is regenerated which results in a cleaner and more productive filtering area. For this reason, less frequent backwashing is necessary to keep your pool clean.

**WARNING**

If the wire is attached, the electrical safety provided by the double insulation is void.

## PREPARATION

The numbers in parentheses refer to key numbers on the Exploded Parts illustration on page 9.

## ELECTRICAL SOURCE

**FOR UL MODELS 0-1084-210, 0-1085-210, 0-1086-210, 0-1094-210, 0-1095-210, 0-1096-210**

This model is supplied with a 25-foot, 3-wire electrical cord and 3-prong plug. The pump is double insulated and grounded. The pump electrical cord must be connected to a grounded, 3-wire, 120 VAC electrical receptacle. The receptacle must be protected by a Ground Fault Circuit Interrupter (GFCI) in accordance with Article 680-31 of the National Electrical Code. Be sure the receptacle is not overloaded with other appliances. DO NOT use a grounding adaptor. For runs greater than 25 feet, consult your local licensed electrical contractor.

**DO NOT ALTER THE PUMP ELECTRICAL CORD IN ANY WAY. DO NOT USE AN EXTENSION ELECTRICAL CORD.**

**FOR NEC MODELS 0-1084-216, 0-1085-216, 0-1086-216, 0-1094-216, 0-1095-216, 0-1096-216**

This model is supplied with a 3-foot, 3-wire electrical cord and 3-prong flanged, twist-lock plug. The pump electrical cord must be connected to a single twist lock, grounding type receptacle that is located a minimum of 5 feet from the inside pool wall. A qualified electrical contractor must install this receptacle in accordance with Article 680-6 of the National Electrical Code (NEC). A Ground Fault Circuit Interrupter (GFCI) must be used. Pump, pool, receptacle and GFCI must be installed in accordance with local electrical codes. A grounding lug, designed to accommodate a solid copper wire (insulated, covered, or bare) not smaller than #8, is provided inside the motor enclosure as required by Article 680 of the National Electrical Code (NEC).

**DO NOT ALTER THE PUMP ELECTRICAL CORD IN ANY WAY. DO NOT USE AN EXTENSION ELECTRICAL CORD.**

## IMPORTANT SAFETY INSTRUCTIONS

When installing and using this electrical equipment, basic safety precautions should always be followed, including the following:

**For both UL and NEC models:**

1. READ AND FOLLOW ALL INSTRUCTIONS.
2. WARNING — to reduce the risk of injury, do not permit children to use this product unless they are closely supervised at all times.
3. WARNING — Risk of Electric Shock. Connect only to a grounding type receptacle protected by a ground-fault circuit-interrupter (GFCI). Contact a

qualified electrician if you cannot verify that the receptacle is protected by a GFCI.

4. Do not bury cord. Locate cord to minimize abuse from lawn mowers, hedge trimmers, and other equipment.
5. WARNING — To reduce the risk of electric shock, replace damaged cord immediately.
6. WARNING — To reduce the risk of electric shock, do not use extension cord to connect unit to electric supply; provide a properly located outlet.

**For UL models only: 0-1084-210, 0-1085-210, 0-1086-210, 0-1094-210, 0-1095-210, 0-1096-210.**

7. CAUTION — This pump is for use with storable pools only. Do not use with permanently installed pools. A storable pool is constructed so that it may be readily disassembled for storage and reassembled to its original integrity. A permanently installed pool is constructed in or on the ground or in a building such that it cannot be readily disassembled for storage.

**For NEC models only: 0-1084-216, 0-1085-216, 0-1086-216, 0-1094-216, 0-1095-216, 0-1096-216.**

8. CAUTION — This pump is for use with permanently installed pools and may also be used with hot tubs and spas if so marked. Do not use with storable pools. A permanently installed pool is constructed in or on the ground or in a building such that it cannot be readily disassembled for storage. A storable pool is constructed so that it may be readily disassembled for storage and reassembled to its original integrity.

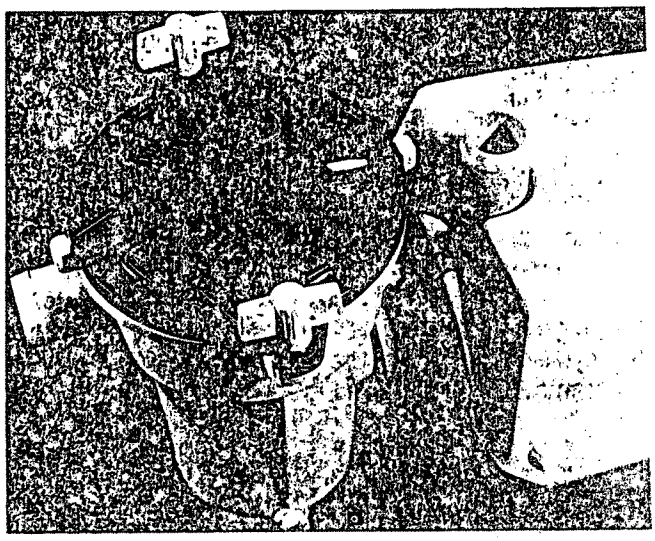
9. SAVE THESE INSTRUCTIONS.

**FOR NEC MODELS ONLY:**
**Use a Hubbell No. 2310 Receptacle, 20 AMP, 125 Volt A.C. or an equivalent receptacle that meets NEMA Configuration L5-20R.**

**NOTE: The pump unit is designed to operate above 107 Volts.** If pump is operated at or below 107 Volts, the pump unit will malfunction due to a low power source or use of an extension electrical cord. If malfunction occurs, your Power Pak II will remember the program(s) you have given it. However, it will be necessary to increase the power supply to a level above 107 Volts, then reset the time on your Power Pak II. The clock display may or may not be flashing to let you know a malfunction occurred. Simply push the **"SET CLOCK"** key pad on the timer and reset to proper day and current time of day.

## STRAINER ASSEMBLY INSTALLATION

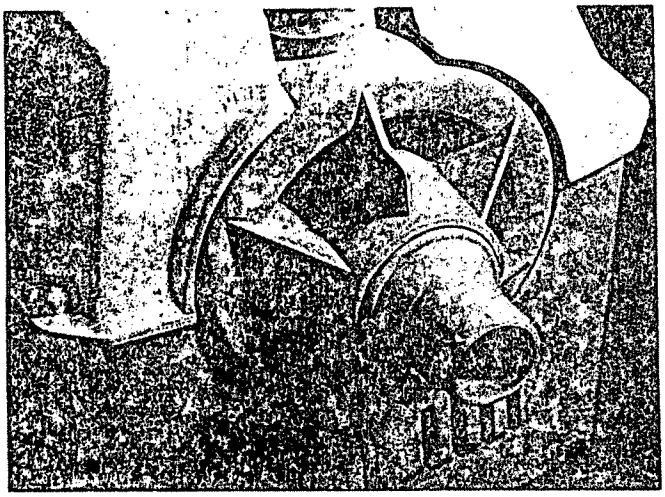
**FOR MODELS 0-1084-210, 0-1085-210, 0-1086-210, 0-1084-216,0-1085-216,0-1086-216**



Press down on the cover (35) while loosening the two strainer knobs just enough to rotate the cover counterclockwise until it stops. Lift off the cover. Inside the basket you will find assembly screws and instructions for assembling the Strainer to the Power Pak II. Take care to prevent cross threading. Do not overtighten. The Strainer should be snug and in an upright position when assembled. To replace cover, press down and rotate clockwise until slots in cover are completely under knobs. Tighten knobs until cover is fully seated.

## HOSE ADAPTOR INSTALLATION

**FOR MODELS 0-1094-210, 0-1095-210, 0-1096-210, 0-1094-216,0-1095-216,0-1096-216 WITHOUT STRAINER ASSEMBLY (44)**



Slip an O-Ring (45) over threads up against flange. Hand tighten hose adaptor (46) until the flange on the adaptor makes contact with the port opening in the pump section. Be careful not to pinch O-Ring.

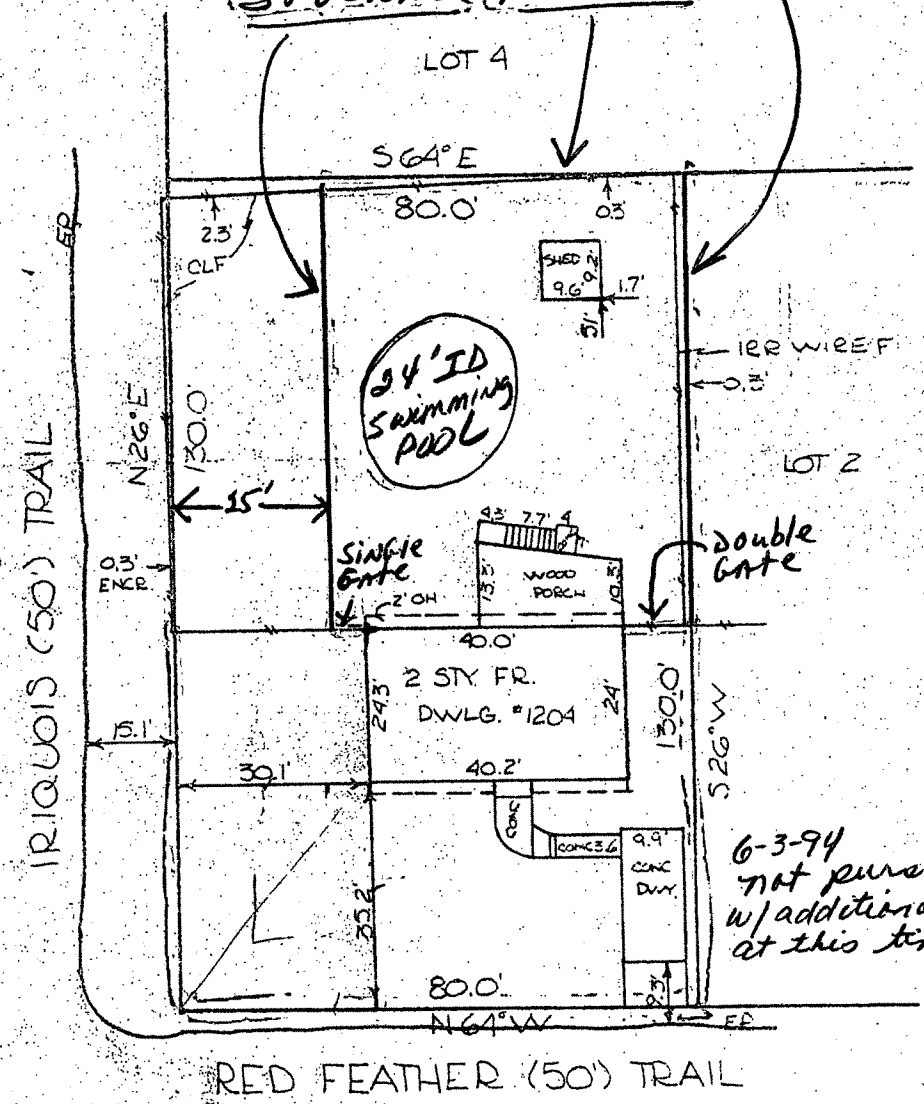
**TURN PAGE FOR SIMPLE PROGRAMMING INSTRUCTIONS**

9/14/92

Chuck,
Permit for 6' fence issued. They want to add 4' chain link to this permit there is no fee however you need to double ck zoning
Thanks
Ben

*. Highlight indicates placement of swimming pool, security stockade fence

SCALE 1" = 30'




NOTE:
LOT NOS REFER TO LOT 3, BLK 623, PLATE 48TM, AKA LOT 3, BLK 118, SEC. 1-A, COUNTRY LAKES MAP 2536, FILED 5-24-54.

THIS PROPERTY AS SHOWN IS NOT IN THE FLOOD PLAIN AS PER FIRM FLOOD INSURANCE RATE MAP NO. 340112 0035A, DATED MARCH 4, 1980.

6-3-94 not pursuing w/ additional fence at this time. RA

4' fence chain link
6' Stockade fence

NO STAKES SET PER CONTRACT

**ROBINS ASSOCIATES**
9 SCOTT ST., RIVERSIDE, N.J.
**EDMOND E. ROBINS JR.**
LICENSED LAND SURVEYOR
PHONE 461-9494
**LICENSE NO. GS28311**

Date 4-19-84

Survey for PHILLIPS & SIMONE REALTY

Location PEMBERTON TWP.
BURLINGTON COUNTY, N.J.

DRWG. No. A-84-421

TO: _____
any insuror of Title relying hereon and any other party in interest: "In consideration of the fee paid for making this survey, I hereby certify to its accuracy, (except such easements, if any, that may be located below the surface of the lands or on the surface of the lands and not visible) as an inducement for any insuror of title to insure the title to the lands and premises shown thereon."

30396

OFFICE DATE RECEIVED: _____

| VIII. PRIOR APPROVALS CHECKLIST (office use only) | LOCAL APPROVAL Prelimin. Initial | LOCAL APPROVAL Final Date | COUNTY APPROVAL Prelimin. Initial | COUNTY APPROVAL Final Date | REGIONAL APPROVAL Prelimin. Initial | REGIONAL APPROVAL Final Date | STATE APPROVAL Prelimin. Initial | STATE APPROVAL Final Date | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| ☐ Planning Board | | | | | | | | | |
| ☐ Zoning Board | | | | | | | | | |
| ☐ Sewer Authority | | | | | | | | | |
| ☐ Water Authority | | | | | | | | | |
| ☐ Fire Department | | | | | | | | | |
| ☐ Police Department | | | | | | | | | |
| ☐ Health Department | | | | | | | | | |
| ☐ Soil Conservation | | | | | | | | | |
| ☐ N.J. Dept. of Community Affairs | | | | | | | | | |
| ☐ N.J. Department of Transportation | | | | | | | | | |
| ☐ N.J. Dept. of Environmental Protect. | | | | | | | | | |
| ☐ Utility Dig No. | | | | | | | | | |
| ☑ Other | CWG | 6-11-92 | | | | | | | |
| ☐ | | | | | | | | | |
| ☐ | | | | | | | | | |

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

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

X. CERTIFICATES ISSUED (office use only)

| | | | DATE EXPIRED |
|---|---|---|---|
| ☐ Temporary Certificate of Occupancy | No. | | |
| ☐ Temporary Certificate of Occupancy | No. | | |
| ☐ Continued Certificate of Occupancy | No. | | |
| ☐ Certificate of Occupancy | No. | | |
| ☐ Certificate of Approval | No. | | |
| ☐ None | | | |

SBS Filing Systems MALVERN, OHIO 44844

final elect appd 6-17-92 RA
Bldg 8122

Lot 3

94

6

2

3