ck # 1650

Initial Inspection Date

Follow up inspection Date

Fee Received: 100
Date: 4/1/24
Cert. # 2024-3

Borough of Fieldsboro

204 Washington Street
Telephone: 609-298-6344
FAX: 609-298-1552

REQUEST FOR CERTIFICATE OF OCCUPANCY

Request for inspection and/or Certificate of Approval in compliance with New Jersey State Housing Code by Construction Official or Health Officer, or his representative, to make a housing inspection of the premises shown below for any Borough Ordinance violations and/or issue a Certificate of Approval as to such premises.

TYPE OF PREMISES:

___ Single-Family Dwelling ___ Apartment Unit X Other
___ Duplex ___ Townhome

Certifications needed before inspection

Heater certification ✓ yes ___ no
Fireplace certification ___ yes ___ no
Chimney certification ✓ yes ___ no

LOCATION:

Street Address: 200 2nd St FIELDSBORO NJ Block: 00024 Lot: 00002

PRESENT OWNER: PAUL CIARROCCA

KK 04/29/24 11:20 AM EDT dotloop verified

PRESENT TENANT OF LESSEE: ___

PROSPECTIVE PURCHASER: ~~TBD - Pending Possible LLC~~ ALKHAIRIA ISLAMIC CENTER A NJ NON PROFIT CORPORTATION

PROSPECTIVE TENANT OR LESSEE: ___

NAME AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED FOR ACCESS:

PAUL CIARROCCA OR KEVIN KERINS
609 947-0892 609 903 8131

I certify that the above information is true and correct:

Date: 3.26.24 Signature ___ Owner X Agent
Date:

CERTIFICATE OF APPROVAL

I Do hereby grant this Certificate of Approval this date to:

ALKHAIRIA ISLAMIC CENTER A NJ NON PROFIT CORPORTATION
(full names of owners or prospective owners)

For the above-described premises.

This Certificate is valid until the next occurring Change in Ownership or Occupancy, or any subsequent inspection by the undersigned or his representative as shall disclose Borough violation, whichever occurs first.

Date

Housing Inspector

CHIMNEY CERTIFICATION
~~FOR REPLACEMENT OF FUEL FIRED EQUIPMENT~~

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 200 2nd St. Fieldsboro NJ

Applicant CIARROCCA

Certifying Individual PAUL CIARROCCA Company SAME

Address SAME AS ABOVE
Street City State Zip Code

Tel. (609) 947-0892

Check the Appropriate Box

Type of Replacement:

[ ] Oil to Gas Conversion
[ ] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other EXISTING

Existing Vent/Chimney:

[ ] B Label Vent
[ ] L Label Vent
[✓] Masonry Chimney – Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other EXISTING

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed

EXISTING CHIMNEY PREVIOUS INSPECTED

Signature _____ Date 12/5/24

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Signature _____ Date _____

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature _____ Date _____

Direct Vent Appliance:

No certification required.

Signature _____ Date _____

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

HEATING SYSTEM CERTIFICATION

Contractor's Name CIARROCCA Plbg. & Htg.

Address 2 Prince St. Boordentown NJ.

This is to certify that a qualified technician employed by this firm has carefully inspected the heating system of the dwelling located at:

Property Address: 200 2nd St. Fieldsboro NJ.

☐ Tested existing heating unit under operating conditions for worn, defective and missing parts, including all lines, ducts, thermostats, fuel tank, convectors, radiators, valves, grilles, gauges, registers, fittings, dampers, and flue. Checked flue for gas leaks (carbon monoxide and sulfur dioxide). Flue meets code and clearance requirements for this type of heating unit.

☑ The system is properly installed and is in good and safe operating condition, and with normal maintenance it is reasonably expected to continue to do so. The system is capable of providing at least 68-degrees inside temperature when outside is at zero degrees.

ALL SYSTEMS SHALL BE LEFT PROTECTED AGAINST FREEZING IF THE HEATING SYSTEM WILL BE DE-ACTIVATED UPON CONCLUSION OF THE TESTS.

☐ Check here if the above system was not in good and safe operating condition at the time of the inspection and itemize below all parts and/or replacements, which were necessary to put it in good and safe operating condition, including any repairs of the system.

ITEMS

I further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgagee or other party involved in the transaction. I further verify that I am authorized to execute this certification on behalf of the company listed below.

Company: CIARROCCA Plbg. & Htg. Date: 1/5/24

Signature: [signature]

Title and License No. Master Plumber Lic. # 9074

MUST SUBMIT THIS ORIGINAL HEATER CERTIFICATION WITH RAISED PRESSURE SEAL