Borough Of Pine Hill
Municipal Building
Pine Hill, NJ 08021
(856)783-7400 FAX *(000)000-0000*

Permit No.
Control No. **92011741**
Parcel(Block/Lot). **47/69**
Applic/Issued. **6/16/22 /**

Construction Permit

Work Site Location 104 E CLEARVIEW AVE

Owner in Fee..... **DWC LEGACY HOMES LLC**
Address..... 309 FELLOWSHIP RD
MT LAUREL NJ 08054
Phone.....

Contractor.... **Certified Enviromental Contractors**
Address..... 255 Squankum Rd
Farmingdale, NJ 07727
Phone.....(732)534-4892
Lic No.....
Fed Emp No. [redacted]

Permission is hereby granted to do the following work:

☐ BUILDING	☐ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☐ ELECTRIC	☑ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:
CANCELLED - New permit #24-626

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

Estimated Cost of Work: $800

Construction Official Date

Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times

PAYMENTS * (Office Use Only)

Building	$0
Electrical	0
Plumbing	0
Fire Protection	100
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	0
Certificate of Occupancy	0
Other	0
Total	$100

Check#/Cash.....
Paid .....
Collected By .....

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

Borough Of Pine Hill
FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 6/16/2022
Control # 92011741

Date Issued
Permit #

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

Block/Lot 47/69

Work Site Location 104 E CLEARVIEW AVE

Owner in Fee: DWC LEGACY HOMES LLC

Tel. _____ e-mail _____

Address: 309 FELLOWSHIP RD (Street) MT LAUREL NJ 08054 (municipality) (zip code)

Contractor: _____ Tel. _____

Address: , _____ e-mail _____

Fire Protection equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

Federal Emp. ID No. _____ FAX _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed R-5

Constr. Class Present _____ Proposed _____

Heating System ☐ New ☐ Existing ☐ None ☐ HVAC

Type ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Other _____

Location _____

Fire Alarm System: [ ] New *OR* [ ] Existing

Location of Panel _____

Fire Suppression/Standpipe System:
☐ New ☐ Existing ☐ None

Location of Main Control Valve: _____

Fuel Storage Tank
Fuel Type ☐ Flamable ☐ Combustible ☐ None *Capacity* _____

Total Cost of Fire Protection Work $ 800

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____

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

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

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

_____
Applicant's Signature/Contractor's Signature

☐ **Certified Contractor** ☐ **Exempt Applicant**

D.TECHNICAL SITE DATA
DESCRIPTION OF WORK:
CANCELLED - New permit #24-626

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

		FEE (Office Use Only)
Flammable/Combustible Tanks	1	$ 100
Alarm Systems		
☐ **System**		
☐ **Interconnected 110 v**		
☐ **CO Detectors 110 v**		
Alarm Devices (i.e., smoke, heat, pulls, water/flow		
Supervisor Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression System		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Springler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		100
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $	0
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	100

Applicant: When submitting this form to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough Of Pine Hill
Municipal Building
Pine Hill, NJ 08021
(856)783-7400 FAX *(000)000-0000*

Permit No. **20220381**
Control No. **92011784**
Parcel(Block/Lot). **47/69**
Applic/Issued. **7/14/22 / 11/14/22**

Construction Permit

Work Site Location 104 E CLEARVIEW AVE

Owner in Fee..... **DWC LEGACY HOMES LLC**
Address..... 309 FELLOWSHIP RD
MT LAUREL NJ 08054
Phone.....

Contractor.... **WILLIAM D CUSTIS**
Address..... 1457 KAIGHNS AVE
CAMDEN, NJ 008103
Phone.....(856)308-3283
Lic No.....
Fed Emp No. [redacted]

Permission is hereby granted to do the following work:

☑ BUILDING	☐ PLUMBING	☑ DEMOLITION	☐ ONGOING -
☐ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:
Demo house. (Partial Demo of Foundation.)

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

Estimated Cost of Work: $20,000

Construction Official Date

Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times

PAYMENTS * (Office Use Only)

Building	$75
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	0
Certificate of Occupancy	0
Other	0
Total	$75
Check#/Cash.....	Cash
Paid	$75
Collected By	LK

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

Borough Of Pine Hill
BUILDING SUBCODE
TECHNICAL SECTION

Date Receiv 7/14/2022
Control # 92011784

Date Issued 11/14/2022
Permit # 20220381

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

Block/Lot 47/69

Work Site Location 104 E CLEARVIEW AVE

Owner in Fee: DWC LEGACY HOMES LLC

Tel. _____ e-mail _____

Address: 309 FELLOWSHIP RD (Street) MT LAUREL NJ 08054 (municipality) (zip code)

Contractor: Zoe General Contractors, LLC Tel. (609)346-5556

Address: 23 Hilton Rd., Mt. Holly, NJ 08060 e-mail _____

Contractor License No. _____ Exp. Date _____

Federal Emp. ID No. [redacted] FAX _____

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Recuired
[ ] Elec. [ ] Plumb [ ] Fire [ ] Elevator

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

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

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ FT
Area - Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbet _____ Sq. Ft.

Est. Cost of Bldg. Work :
1. New Bldg. $ 20,000
2. Rehabilitation $ _____
3. Total (1+2) $ 20,000

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

Demo house. (Partial Demo of Foundation.)

TYPE OF WORK

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

FEE (Office Use Only)

	60
Administrative Surcharge $	0
Minimum Fee $	75
State Permit Surcharge Fee $	
TOTAL FEE $	75

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough Of Pine Hill
Municipal Building
Pine Hill, NJ 08021
(856)783-7400 FAX

Permit No. **20220381**
Control No. **92011784**
Block/Lot 47/69
Date 7/21/23

Certificate of Approval

IDENTIFICATION

Block/Lot 47/69
Work Site Location 104 E CLEARVIEW AVE
,
Owner in Fee/Occupant DWC LEGACY HOMES LLC
Address 309 FELLOWSHIP RD
MT LAUREL NJ 08054
Telephone
Contractor WILLIAM D CUSTIS
Address 1457 KAIGHNS AVE
CAMDEN, NJ 008103
Telephone (856)308-3283 FAX
Lic. No. or Bldrs. Reg. No. None
Federal Emp. No. [redacted]

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

Demo house. (Partial Demo of Foundation.)

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.

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

CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period (years); see file

CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no 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

Jim Gallagher, Construction Official

Permit Fee $ 75
Paid [ ] Check No. Cash
Collected by: LK

U.C.C. F260
(rev. 3/96)

Borough Of Pine Hill
Municipal Building
Pine Hill, NJ 08021
(856)783-7400 FAX *(000)000-0000*

Permit No. **20220381 A**
Control No. **92012341**
Parcel(Block/Lot). **47/69**
Applic/Issued. **6/21/23 / 6/21/23**

Construction Permit

Work Site Location 104 E CLEARVIEW AVE

Owner in Fee..... **DWC LEGACY HOMES LLC**
Address..... 309 FELLOWSHIP RD
MT LAUREL NJ 08054
Phone.....

Contractor.... **Mark Franchi Demolition**
Address..... 348 Hurffville Grenloch R
Sewell, NJ 08080
Phone.....(856)352-4388
Lic No.....[redacted]
Fed Emp No.

Permission is hereby granted to do the following work:

☑ BUILDING	☐ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☐ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:
Demolish House and Out Building - Change of Contractor

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

Estimated Cost of Work: $11,000

Construction Official Date

Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times

PAYMENTS * (Office Use Only)

Building	$0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	0
Certificate of Occupancy	0
Other	0
Total	$0
Check#/Cash.....	
Paid	
Collected By	LK

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

Borough Of Pine Hill
BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receiv 6/21/2023
Control # 92012341

Date Issued 6/21/2023
Permit # 20220381 A

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

Block/Lot 47/69

Work Site Location 104 E CLEARVIEW AVE

Owner in Fee: DWC LEGACY HOMES LLC

Tel. _____ e-mail _____

Address: 309 FELLOWSHIP RD (Street) MT LAUREL NJ 08054 (municipality) (zip code)

Contractor: WILLIAM D CUSTIS Tel. (856)308-3283

Address: 1457 KAIGHNS AVE, CAMDEN, NJ 008103 e-mail _____

Contractor License No. _____ Exp. Date _____

Federal Emp. ID No. [redacted] FAX _____

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Recuired
[ ] Elec. [ ] Plumb [ ] Fire [ ] Elevator

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

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

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ FT
Area - Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbet _____ Sq. Ft.

Est. Cost of Bldg. Work :
1. New Bldg. $ _____
2. Rehabilitation $ 11,000
3. Total (1+2) $ 11,000

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

Demolish House and Out Building - Change of Contractor

TYPE OF WORK

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

FEE (Office Use Only)

	75

Administrative Surcharge $	0
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	75

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough Of Pine Hill
Municipal Building
Pine Hill, NJ 08021
(856)783-7400 FAX

Permit No. **20220381 A**
Control No. **92012341**
Block/Lot 47/69
Date 7/21/23

Certificate of Approval

IDENTIFICATION

Block/Lot 47/69
Work Site Location 104 E CLEARVIEW AVE
,
Owner in Fee/Occupant DWC LEGACY HOMES LLC
Address 309 FELLOWSHIP RD
MT LAUREL NJ 08054
Telephone
Contractor Mark Franchi Demolition
Address 348 Hurffville Grenloch R
Sewell, NJ 08080
Telephone (856)352-4388 FAX
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No.

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

Demolish House and Out Building - Change of Contractor

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.

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

CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period (years); see file

CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no 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

Jim Gallagher, Construction Official

Permit Fee $ 0
Paid [ ] Check No. N/C
Collected by: LK

U.C.C. F260
(rev. 3/96)

Borough Of Pine Hill
Municipal Building
Pine Hill, NJ 08021
(856)783-7400 FAX *(000)000-0000*

Permit No. **20240626**
Control No. **92013362**
Parcel(Block/Lot). **47/69**
Applic/Issued. **12/12/24 / 12/19/24**

Construction Permit

Work Site Location 104 E CLEARVIEW AVE

Owner in Fee..... **DWC LEGACY HOMES LLC**
Address..... 309 FELLOWSHIP RD
MT LAUREL NJ 08054
Phone..... (856)673-9174

Contractor.... **Go Environmental, Inc**
Address..... P.O. Box 359
Landisville, NJ 08326
Phone..... (609)204-0220
Lic No.....
Fed Emp No.

Permission is hereby granted to do the following work:

☐ BUILDING	☐ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☐ ELECTRIC	☑ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:
Tank Removal

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

Estimated Cost of Work: $1,500

Construction Official Date

Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times

PAYMENTS * (Office Use Only)

Building	$0
Electrical	0
Plumbing	0
Fire Protection	100
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	0
Certificate of Occupancy	0
Other	0
Total	$100
Check#/Cash.....	2359
Paid	$100
Collected By	LK

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

Borough Of Pine Hill
FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12/12/2024
Control # 92013362

Date Issued 12/19/2024
Permit # 20240626

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

Block/Lot 47/69

Work Site Location 104 E CLEARVIEW AVE

Owner in Fee: DWC LEGACY HOMES LLC

Tel. (856)673-9174 e-mail

Address: 309 FELLOWSHIP RD (Street) MT LAUREL (municipality) NJ 08054 (zip code)

Contractor: Go Environmental, Inc Tel. (609)204-0220

Address: P.O. Box 359, Landisville, NJ 08326 e-mail

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

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

Fire Alarm Contractor No. Exp. Date

Federal Emp. ID No. FAX

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed R-5

Constr. Class Present ____ Proposed ____

Heating System ☐ New ☐ Existing ☐ None ☐ HVAC

Type ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Other

Location

Fire Alarm System: [ ] New *OR* [ ] Existing

Location of Panel

Fire Suppression/Standpipe System: ☐ New ☐ Existing ☐ None

Location of Main Control Valve:

Fuel Storage Tank

Fuel Type ☐ Flamable ☐ Combustible ☐ None *Capacity*

Total Cost of Fire Protection Work $ 1500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Applicant's Signature/Contractor's Signature

☐ **Certified Contractor** ☐ **Exempt Applicant**

D.TECHNICAL SITE DATA
DESCRIPTION OF WORK:
Tank Removal

Water Supply Source
Method of Alarm/Suppression System Supervision

		FEE (Office Use Only)
Flammable/Combustible Tanks	1	$ 100
Alarm Systems		
☐ System		
☐ Interconnected 110 v		
☐ CO Detectors 110 v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow		
Supervisor Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression System		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Springler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		100
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		0
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		100

Applicant: When submitting this form to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough Of Pine Hill
Municipal Building
Pine Hill, NJ 08021
(856)783-7400 FAX

Permit No. **20240626**
Control No. **92013362**
Block/Lot 47/69
Date 1/08/25

Certificate of Approval

IDENTIFICATION

Block/Lot 47/69
Work Site Location 104 E CLEARVIEW AVE
,
Owner in Fee/Occupant DWC LEGACY HOMES LLC
Address 309 FELLOWSHIP RD
MT LAUREL NJ 08054
Telephone (856)673-9174
Contractor Go Environmental, Inc
Address P.O. Box 359
Landisville, NJ 08326
Telephone (609)204-0220 FAX
Lic. No. or Bldrs. Reg. No. None
Federal Emp. No.

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

Tank Removal

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.

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

CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period (years); see file

CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no 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

Jim Gallagher, Construction Official

U.C.C. F260
(rev. 3/96)

Permit Fee $ 100
Paid [ ] Check No. 2359
Collected by: LK