

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

PAYMENTS * (Office Use Only)

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

Check#/Cash.....

Paid

Collected By

Total Administrative Fee: \$0

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*



Borough Of Pine Hill

FIRE PROTECTION SUBCODE

TECHNICAL SECTION

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

Block/Lot 47/69

Work Site Location 104 E CLEARVIEW AVE

Owner in Fee: DWC LEGACY HOMES LLC

Tel. _____ e-mail _____

Address: 309 FELLOWSHIP RD MT LAUREL NJ 08054
Street 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 Fire Alarm System: [] New OR [] Existing

Constr. Class Present _____ Proposed _____ Location of Panel _____

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

Type ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other ☐ New ☐ Existing ☐ None

Other _____ Location of Main Control Valve: _____

Location _____

Fuel Storage Tank

Fuel Type ☐ Flammable ☐ Combustible ☐ None Capacity _____

Total Cost of Fire Protection Work \$ 800

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)			
		Type:	Failure	Failure	Approval	Initial	
PLAN REVIEW							
[] No Plans Required		Alarm System	_____	_____	_____	_____	
Joint Plan Review Required:		Suppression Sys.	_____	_____	_____	_____	
[] Building [] Plumbing		Standpipe	_____	_____	_____	_____	
[] Fire [] Elevator		Fire Pump	_____	_____	_____	_____	
[] Fire Plans Approved		Pre-Eng. System	_____	_____	_____	_____	
Date: _____		Mechanical	_____	_____	_____	_____	
Approved by: _____		Smoke Control	_____	_____	_____	_____	
SUBCODE APPROVAL		Flam/Combust Tanks	_____	_____	_____	_____	
[] CO [] CCO [] CA		TCO	_____	_____	_____	_____	
Date: _____		Fireplace Venting	_____	_____	_____	_____	
Approved by: _____		Final	_____	_____	_____	_____	
		Other	_____	_____	_____	_____	



Date Received **6/16/2022**
Control # **92011741**

Date Issued
Permit #

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 _____

Flammable/Combustible Tanks

1

FEE (Office Use Only)

\$ 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 _____

Dry Chemical _____

CO₂ 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

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

Contractor... WILLIAM D CUSTIS

Owner in Fee..... DWC LEGACY HOMES LLC

Address 1457 KAIGHNS AVE

Address..... 309 FELLOWSHIP RD

CAMDEN, NJ 008103

MT LAUREL NJ 08054

Phone (856)308-3283

Phone

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:

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

PAYMENTS * (Office Use Only)

Building	<u>\$75</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>0</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$75</u>

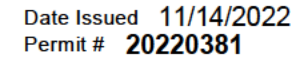
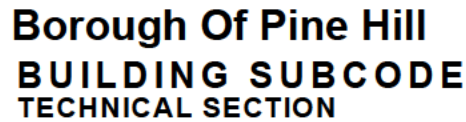
Check#/Cash.....	<u>Cash</u>
Paid	<u>\$75</u>
Collected By	<u>LK</u>

Total Administrative Fee: \$0

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*



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

Administrative Surcharge \$	<u>0</u>
Minimum Fee \$	<u>75</u>
State Permit Surcharge Fee \$	<u> </u>
TOTAL FEE \$	<u>75</u>

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

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

Permit Fee \$

Paid ☐ Check No.

Collected by:

75

Cash

LK

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

PAYMENTS * (Office Use Only)

Building	<u>\$0</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>0</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$0</u>

Check#/Cash.....

Paid

Collected By

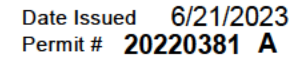
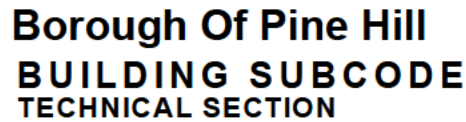
LK

Total Administrative Fee: \$0

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*



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

Administrative Surcharge \$	<u>0</u>
Minimum Fee \$	<u> </u>
State Permit Surcharge Fee \$	<u> </u>
TOTAL FEE \$	<u>75</u>

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. _____

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:

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 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 \$ 0
Paid ☐ Check No. N/C
Collected by: LK

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

Contractor.... Go Environmental, Inc

Owner in Fee..... DWC LEGACY HOMES LLC

Address P.O. Box 359

Address..... 309 FELLOWSHIP RD

Landisville, NJ 08326

MT LAUREL NJ 08054

Phone (609)204-0220

Phone (856)673-9174

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

PAYMENTS * (Office Use Only)

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

Check#/Cash.....	<u>2359</u>
Paid	<u>\$100</u>
Collected By	<u>LK</u>

Total Administrative Fee: \$0

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*



Borough Of Pine Hill

FIRE PROTECTION SUBCODE

TECHNICAL SECTION

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

Block/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 MT LAUREL NJ 08054

Street

municipality

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

Fire Alarm System: [] New OR [] Existing

Constr. Class Present _____ Proposed _____

Location of Panel _____

Heating System ☐ New ☐ Existing ☐ None ☐ HVAC

Fire Suppression/Standpipe System:

Type ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

☐ New ☐ Existing ☐ None

Other _____

Location of Main Control Valve: _____

Location _____

Fuel Storage Tank

Fuel Type ☐ Flammable ☐ Combustible ☐ None

Capacity _____

Total Cost of Fire Protection Work \$ 1500

JOB SUMMARY (Office Use Only)		INSPECTIONS				Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial	
[] No Plans Required		Alarm System	_____	_____	_____	_____	
Joint Plan Review Required:		Suppression Sys.	_____	_____	_____	_____	
[] Building [] Plumbing		Standpipe	_____	_____	_____	_____	
[] Fire [] Elevator		Fire Pump	_____	_____	_____	_____	
[] Fire Plans Approved		Pre-Eng. System	_____	_____	_____	_____	
Date: _____		Mechanical	_____	_____	_____	_____	
Approved by: _____		Smoke Control	_____	_____	_____	_____	
SUBCODE APPROVAL		Flam/Combust Tanks	_____	_____	_____	_____	
[] CO [] CCO [] CA		TCO	_____	_____	_____	_____	
Date: _____		Fireplace Venting	_____	_____	_____	_____	
Approved by: _____		Final	_____	_____	_____	_____	
		Other _____	_____	_____	_____	_____	



Date Received 12/12/2024
Control # 92013362

Date Issued 12/19/2024
Permit # 20240626

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 _____

Flammable/Combustible Tanks

1

FEE (Office Use Only)

\$ 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 _____

Dry Chemical _____

CO₂ 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

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
(856)673-9174
Telephone Go Environmental, Inc
Contractor P.O. Box 359
Address 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
R-5
Use Group _____
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