



TOWNSHIP OF CHERRY HILL
 820 MERCER STREET
 CHERRY HILL, NJ 08002
 856-488-7855

CERTIFICATE

Date Issued: 04/26/2005

Control #: 41579

Permit #: 20022946

IDENTIFICATION

Block: 525.15 Lot: 7 Qualification Code: _____
 Work Site Location: 218 CHARLAN CIRCLE
CHERRY HILL
 Owner in Fee: MURRAY GUBIN
 Address: 218 CHARLAN CIRCLE
CHERRY HILL NJ 08003
 Telephone: 856 454-4134
 Agent/Contractor: HERA TECH, INC.
 Address: 1879 OLD CUTHBERT RD STE.1
CHERRY HILL NJ 08034
 Telephone: 856 429-5200
 Lic. No./Bldrs. Reg.No.: MIB90025 Federal Emp. No.: 22-2959943
 Social Security No.: _____

Home Warranty No: _____
 Type of Warranty Plan: State Private
 Use Group: R-4
 Maximum Live Load: _____
 Construction Classification: _____
 Maximum Occupancy Load: _____
 Certificate Exp Date: _____
 Description of Work/Use:
RADON MITIGATION

Update Desc. of Wk/Use: _____

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 will be subject 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 _____

Anthony Saccomanno Construction Official

Fees: \$0.00

Paid Check No.: 1055

Collected by: SD



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued 10/25/02 12/7/04
Control #
Permit # 2002-2946 Lowes Rad Studio
to Call for final
ins

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

Block 525.15 Lot 7
Work Site Location 218 Charlan Circle
Cherry Hill, NJ 08003
Owner in Fee Murray Gubin
Address 218 Charlan Circle
Cherry Hill, NJ 08003
Tele. (856) 424-4134
Contractor Hera Tech, Inc
Address 1579-1 Old Ruthbert Rd
Cherry Hill, NJ 08004
Tele. (856) 429-8200 Fax (856) 429-5417
Lic. No. or Bldrs. Reg. No. 41890025
Federal Emp. No. 22-295-9943

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]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Sub-slab mitigation system
as per NJDEP standards.

CALL FOR FINAL INSPECTION

JOB SUMMARY (Office Use Only)

| PLAN REVIEW | Date Initial | INSPECTIONS | Dates (Month/Day) | | | |
|---|--|--------------|-------------------|---------|--------------------|--------------------|
| | | Type: | Failure | Failure | Approval | Initial |
| <input checked="" type="checkbox"/> No Plans Required | <u>10-22-02</u> | <u>YES</u> | | | | |
| <input type="checkbox"/> All | | Footing | | | | |
| <input type="checkbox"/> Footing | | Foundation | | | | |
| <input type="checkbox"/> Foundation | | Slab | | | | |
| <input type="checkbox"/> Frame | | Frame | | | | |
| <input type="checkbox"/> Other | | Barrier-Free | | | | |
| Joint Plan Review Required: | | Insulation | | | | |
| <input type="checkbox"/> Elec. | <input type="checkbox"/> Plumb. | Finishes | | | | |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Elevator | Energy | | | | |
| SUBCODE APPROVAL | | Mechanical | | | | |
| <input type="checkbox"/> CO | <input type="checkbox"/> CCO | TCO | | | | |
| Date: <u>4/25/05</u> | <input checked="" type="checkbox"/> CA | Other | | | | |
| Approved by: <u>[Signature]</u> | | Final | | | <u>[Signature]</u> | <u>[Signature]</u> |
| | | Barrier-Free | | | | |

TYPE OF WORK:

- New Building
- Addition
- Alteration
 - Roofing
 - Siding
 - Fence _____ Height (exceeds 6')
 - Sign _____ Sq. Ft.
 - Pool
 - Asbestos Abatement Subchapter 8
 - Lead Haz. Abatement NJAC 5:17
 - Other RADON
- Demolition

FEE (Office Use Only)

\$ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Est. Cost of Bldg. Work:
 Constr. Class Present _____ Proposed _____ 1. New Bldg. \$ 999-
 No. of Stories _____ 2. Alteration \$ _____
 Height of Structure _____ Ft. 3. Total (1+ 2) \$ 999-
 Area — Largest Floor _____ Sq. Ft.
 New Bldg. Area/All Floors _____ Sq. Ft.
 Volume of New Structure _____ Cu. Ft.
 Total Land Area Disturbed _____ Sq. Ft. 46⁰⁰ min.

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 DCA Training Fee \$ _____
 TOTAL FEE \$ _____

UCC/PRO F-110 (REV3/96)
 Professional Printing
 (856) 468-7933

- 1. White/Inspector Copy
- 2. Canary/Office Copy
- 3. Pink/ Office Copy
- 4. White Tag

RECEIVE
 OCT 21 2002
 (S.W.)
BUILDING INSPECTION



CONSTRUCTION PERMIT APPLICATION

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

V. FEE SUMMARY (for office use only)

| | | Update | Update |
|-----------------------------------|---------|--------|--------|
| 1. Building | \$ 46.- | | |
| 2. Electrical | 36.- | | |
| 3. Plumbing | | | |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | \$ | | |
| 7. Less 20% for State Plan Review | | | |
| 8. Subtotal | \$ | | |
| 9. DCA Training Fee | 1.- | | |
| 10. Subtotal | | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | | | |
| 13. TOTAL | \$ 83.- | | |

old
10-23-02

I. IDENTIFICATION

1. Proposed Work Site at: 218 Chaulan Circle, Cherry Hill, NJ 08003

2. Name of Owner in Fee: Murray Gobin Tel. (856) 424-4134
 Address 218 Chaulan Circle, Cherry Hill, NJ 08003
street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: Hera Tech, Inc. Tel. (856) 429-5200
 Address 1879-1 Old Cuthbert Rd, Cherry Hill, NJ 08031
 License No. OR, if new home, Builder Reg. No. M1R90025 Exp. Date 5/13/03
 Federal Employee No. 22-295-9943 FAX: (856) 429-5417

5. Architect or Engineer Subash Rashat Tel. (856) 429-5200
 Address 1879-1 Old Cuthbert Rd, Cherry Hill, NJ 08031

6. Responsible Person in Charge of Work _____
 Tel. (____) _____ FAX (____) _____

VI. BUILDING/SITE CHARACTERISTICS (office use only)

- Number of Stories _____
- Height of Structure _____ ft.
- Area - Largest Floor _____ sq. ft.
- New Building Area _____ sq. ft.
- Volume of New Structure _____ cu. ft.
- Construction Classification _____
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands yes _____
no _____
- Max. Live Load _____
- Max. Occupancy Load _____

1055

Radon Mitigation

| II. PROPOSED WORK | Est. Cost | OPTIONAL (for office use only) | | | | | | | |
|--|-----------|--------------------------------|------------|----------------|---------------|-----------|--------------------|--|-----------|
| | | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates | | Re-viewer |
| 1. <input checked="" type="checkbox"/> Minor Work | 099- | | | | | | | | |
| 2. <input type="checkbox"/> New Building | | | | | | | | | |
| 3. <input type="checkbox"/> Addition | | | | | | | | | |
| 4. <input checked="" type="checkbox"/> Alteration <u>RADON</u> | | | | | 10-22-02 | JFS | | | |
| 5. <input type="checkbox"/> Fire Protection | | | | | | | | | |
| 6. <input type="checkbox"/> Plumbing | | | | | | | | | |
| 7. <input checked="" type="checkbox"/> Electrical | | | | | 10/27/02 | nm | | | |
| 8. <input type="checkbox"/> Elevator Devices | | | | | | | | | |
| 9. <input type="checkbox"/> Asbestos Abat. Subch. 8 | | | | | | | | | |
| 10. <input type="checkbox"/> Lead Hazard Abatement | | | | | | | | | |
| 11. <input type="checkbox"/> Demolition | | | | | | | | | |
| TOTAL COSTS | 099- | | | | | | | | |

III. DO YOU WANT: (optional)

- Partial Releases
- Prototype Processing

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

- Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- High Pressure Boilers
- Pressure Vessels
- Refrigeration Systems
- Cross-Connections/Backflow Preventers
- Hazardous Uses/Places of Assembly
- Sprinklers
- Smoke Control Systems in Open Wells
- Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- Hotels (R-1)
- Multi-Family (R-2)
- Two-Family (R-3) BOCA
- Two-Family (R-4) CABO
- One-Family (R-3) BOCA
- One-Family (R-4) CABO

No. of dwelling units:
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL

- State Specific Use: _____
- Use Group: _____
- Change in Use Group, Indicate Former: _____

LDS CH-B 10407246

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 *Murray J. Jolin* Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the 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 *Hera Tech, Inc*
Address *1879-1 Old Cuthbert Rd*
Cherry Hill, NJ 08034
Telephone *(856) 429-5200*
Signature *[Signature]*

III. LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

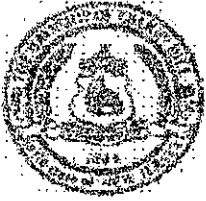
| VIII. PRIOR APPROVALS CHECKLIST (office use only) | LOCAL APPROVAL | | COUNTY APPROVAL | | REGIONAL APPROVAL | | STATE APPROVAL | | COMMENTS |
|--|-------------------|------------|-------------------|------------|-------------------|------------|-------------------|------------|----------|
| | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | |
| <input type="checkbox"/> Zoning Officer | | | | | | | | | |
| <input type="checkbox"/> Planning Board | | | | | | | | | |
| <input type="checkbox"/> Zoning Board | | | | | | | | | |
| <input type="checkbox"/> Sewer Authority | | | | | | | | | |
| <input type="checkbox"/> Water Authority | | | | | | | | | |
| <input type="checkbox"/> Police Department | | | | | | | | | |
| <input type="checkbox"/> Health Department | | | | | | | | | |
| <input type="checkbox"/> Soil Conservation | | | | | | | | | |
| <input type="checkbox"/> N.J. Department of Community Affairs | | | | | | | | | |
| <input type="checkbox"/> N.J. Department of Transportation | | | | | | | | | |
| <input type="checkbox"/> N.J. Department of Environmental Protection | | | | | | | | | |
| <input type="checkbox"/> Utility Dig No. | | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | | |

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)

| | No. | DATE ISSUED | DATE EXPIRED | DATE REISSUED | DATE EXPIRED |
|---|-------|-------------|--------------|---------------|--------------|
| <input type="checkbox"/> Temporary Certificate of Occupancy | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Temporary Certificate of Compliance | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Continued Certificate of Occupancy | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Certificate of Compliance | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Certificate of Occupancy | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Certificate of Approval | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Lead Abatement Clearance Certificate | _____ | _____ | _____ | _____ | _____ |



TOWNSHIP OF CHERRY HILL
 820 MERCER STREET
 CHERRY HILL, NJ 08002
 856 - 488-7855

Permit Number: 20022946
 Permit Date: 10/25/2002
 Update Number:
 Control Number: 41579
 Application Date: 10/22/02

**CONSTRUCTION PERMIT
 IDENTIFICATION**

OWNER/PROPERTY DETAILS

| | | | | | |
|---------------------|--|------------|----------------------------|-----------------------------|--|
| Block: 525.15 | Lot: 7 | Qualifier: | | | |
| Work site Location: | 218 CHARLAN CIRCLE CHERRY HILL | | Contractor: | HERA TECH, INC. | |
| Owner In Fee: | MURRAY GUBIN | | Address: | 1879 OLD CUTHBERT RD STE. 1 | |
| Address: | 218 CHARLAN CIRCLE CHERRY HILL NJ 08003 | | Telephone: | (856) - 429-5200 | |
| Telephone: | (856) - 454-4134 | | Lic. No. / Bids. Reg. No.: | MIB90025 | |
| Use Group(s): | R-4 | | Federal Emp. No.: | 22-2959943 | |

is hereby granted permission to perform the following work:

- | | |
|--|--|
| <input checked="" type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING |
| <input checked="" type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> LEAD HAZARD ABATEMENT | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> OTHER |

(Subchapter S only)

DESCRIPTION OF WORK:

RADON MITIGATION

ESTIMATED COST OF WORK:

Cost of Construction: \$0.00
 Cost of Alteration: \$999.00
 Cost of Demolition: \$0.00
 Total Cost: \$999.00

PAYMENTS (Office Use Only)

| | | |
|---------------|-----------------------|-----------------|
| [70-43] | Building | \$46.00 |
| [70-48] | Electrical | \$36.00 |
| [70-36] | Plumbing | |
| [70-37] | Fire Protection | |
| [70-61] | Elevator Devices | |
| [70-38] | Mechanical | |
| [70-91] | VolFee (DCA) | |
| [70-91] | AirFee (DCA) | \$1.00 |
| [70-50] | CO Fee | |
| [70-50] | CCO Fee | |
| [70-45] | Engineering | |
| [71-78] | Sewer | |
| [70-62] | Shade Tree | |
| [70-53] | Street Opening | |
| [73-83] | Street Open. Easement | |
| Total: | | \$ 83.00 |

All Fees Waived No

Amount to be Paid: \$ 83.00

Check Number: 1055
 Check amount: \$83.00

Anthony Saccomanno

Date

Construction Official

- :: 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.

Note:

PAID 10/25/2002
 Collected by: SD
 Total Cash Amount
 Total Check Amount: \$83.00
 Total CC Amount



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued 10/25/02
Control #
Permit # 2002-2946

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

Block 525.15 Lot 7
Work Site Location 218 Charleston Circle
Cherry Hill, NJ 08003
Owner in Fee Murray Rubin
Address 218 Charleston Circle
Cherry Hill, NJ 08003
Tele. (856) 424-4134
Contractor Mena Tech, Inc
Address 1879-1 Old Luther Rd
Cherry Hill, NJ 08034
Tele. (856) 429-5200 Fax (856) 424-5417
Lic. No. or Bldrs. Reg. No. 41890025
Federal Emp. No. 22-295-9943

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]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Sub-slab mitigation system
as per NJDEP standards.

CALL FOR FINAL INSPECTION

TYPE OF WORK:

- New Building
- Addition
- Alteration
 - Roofing
 - Siding
 - Fence _____ Height (exceeds 6')
 - Sign _____ Sq. Ft.
 - Pool
 - Asbestos Abatement Subchapter 8
 - Lead Haz. Abatement NJAC 5:17
 - Other RADON
- Demolition

FEE (Office Use Only)

\$ _____

_____ 46 _____

JOB SUMMARY (Office Use Only)

| PLAN REVIEW | Date | Initial | INSPECTIONS | Dates (Month/Day) | | | |
|--|-----------------|------------|---|-------------------|---------|----------|---------|
| <input checked="" type="checkbox"/> No Plans Required | <u>10-22-02</u> | <u>GRS</u> | Type: | Failure | Failure | Approval | Initial |
| <input type="checkbox"/> All | _____ | _____ | Footing | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Footing | _____ | _____ | Foundation | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Foundation | _____ | _____ | Slab | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Frame | _____ | _____ | Frame | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Other | _____ | _____ | Barrier-Free | _____ | _____ | _____ | _____ |
| Joint Plan Review Required: | | | Insulation | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator | | | Finishes | _____ | _____ | _____ | _____ |
| SUBCODE APPROVAL | | | Energy | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA | | | Mechanical | _____ | _____ | _____ | _____ |
| Date: _____ | | | TCO | _____ | _____ | _____ | _____ |
| Approved by: _____ | | | Other | _____ | _____ | _____ | _____ |
| | | | Final <input checked="" type="checkbox"/> | _____ | _____ | _____ | _____ |
| | | | Barrier-Free | _____ | _____ | _____ | _____ |

B. BUILDING CHARACTERISTICS

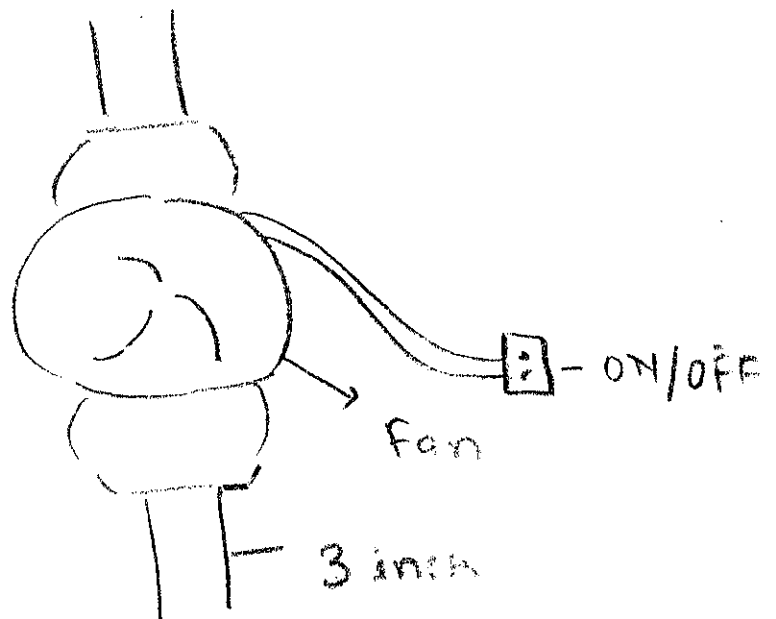
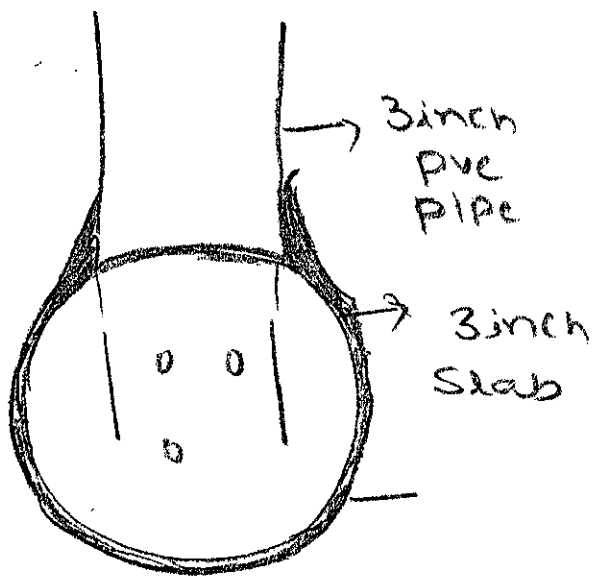
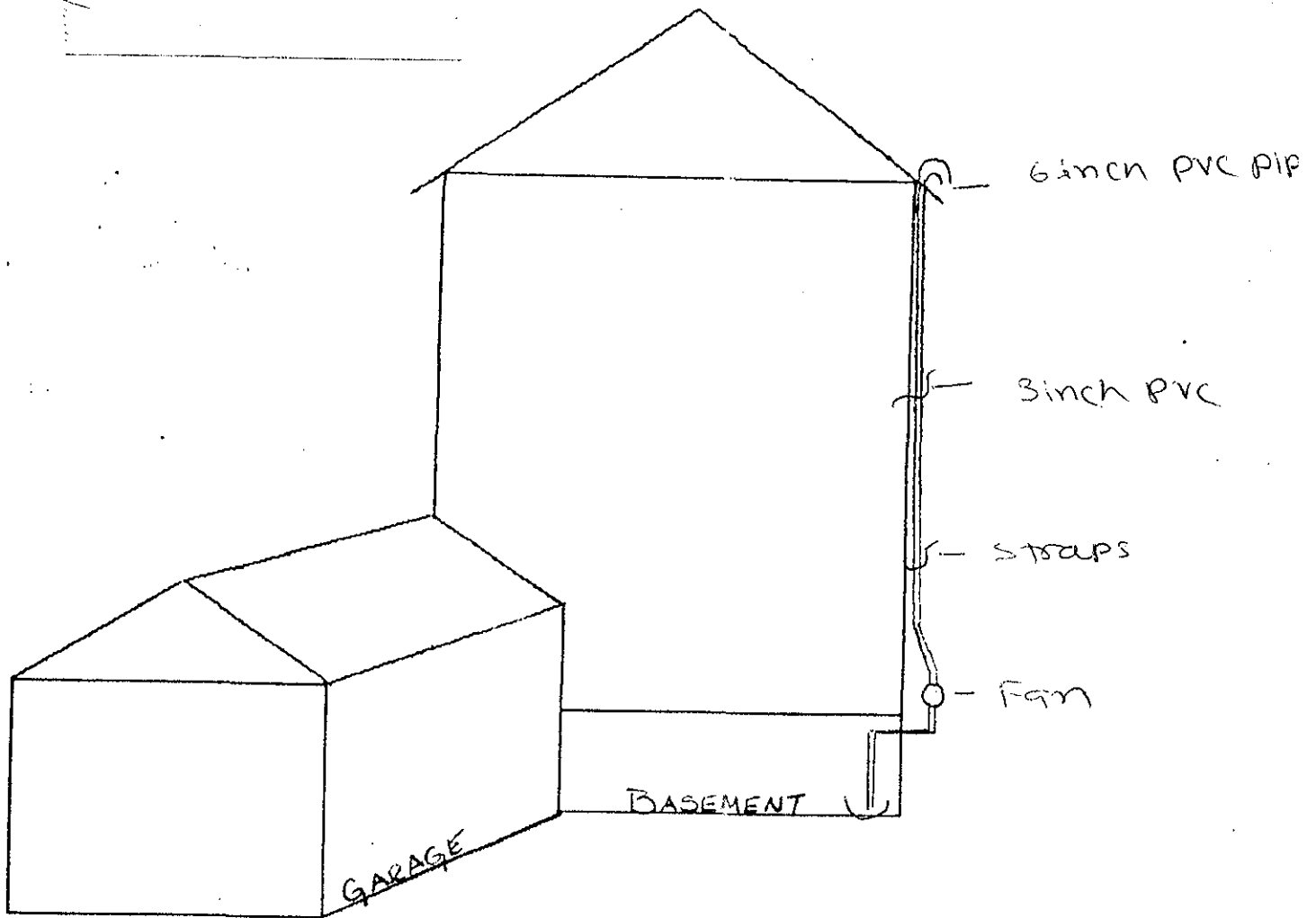
Use Group Present _____ Proposed _____ Est. Cost of Bldg. Work:
 Constr. Class Present _____ Proposed _____ 1. New Bldg. \$ 444
 No. of Stories _____ 2. Alteration \$ _____
 Height of Structure _____ Ft. 3. Total (1+ 2) \$ 444
 Area — Largest Floor _____ Sq. Ft.
 New Bldg. Area/All Floors _____ Sq. Ft.
 Volume of New Structure _____ Cu. Ft.
 Total Land Area Disturbed _____ Sq. Ft.

46 min.

UCC/PRO F-110 (REV3/96)
Professional Printing
(856) 468-7933

| | |
|--------------------------|----------|
| Administrative Surcharge | \$ _____ |
| Minimum Fee | \$ _____ |
| DCA Training Fee | \$ _____ |
| TOTAL FEE | \$ _____ |

- 1. White/Inspector Copy
- 2. Canary/Office Copy
- 3. Pink/ Office Copy
- 4. White Tag





STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION-RADON SECTION
P.O. BOX 415, TRENTON, NEW JERSEY 08625-0415

Certification Issued in Accordance with Conditions Set Forth in Application

PLEASE DETACH YOUR CERTIFICATION AND CARRY IT WITH YOU FOR IDENTIFICATION PURPOSES.

Renewal Certification
Display this date prominently at your business location

HERA TECH, INC.
1879 OLD CUTHBERT ROAD, SUITE 1
CHERRY HILL, NJ 08034-0000

RADON MITIGATION BUSINESS NUMBER MLB90025

VRD-002-2197

Should you change your name and/or address, complete and return this portion promptly to NJDEP Radon Section, P.O. BOX 415, Trenton, NJ 08625-0415

HERA TECH, INC. MLB90025
NAME CERT. NO.

STREET ADDRESS

CITY STATE ZIP

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Hereby Certifies the Goodstanding of

HERA TECH, INC.

CERTIFICATION NO. MLB90025

RADON MITIGATION BUSINESS

EXPIRES 05/14/2003



STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION-RADON SECTION
P.O. BOX 415, TRENTON, NEW JERSEY 08625-0415

Certification Issued in Accordance with Conditions Set Forth in Application

PLEASE DETACH YOUR CERTIFICATION AND CARRY IT WITH YOU FOR IDENTIFICATION PURPOSES.

Renewal Certification

RASHAT, SUBASH
C/O HERA TECH ENVIRONMENTAL LAB
1879 OLD CUTHBERT RD, SUITE 1
CHERRY HILL, NJ 08034-0000

VRD-002-2197

Should you change your name and/or address, complete and return this portion promptly to NJDEP Radon Section, P.O. BOX 415, Trenton, NJ 08625-0415

RASHAT, SUBASH MIS10152
NAME CERT. NO.

STREET ADDRESS

CITY STATE ZIP

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Hereby Certifies the Goodstanding of

RASHAT, SUBASH

CERTIFICATION NO. MIS10152

RADON MITIGATION BUSINESS

EXPIRES 05/14/2003