856-488-7855

TOWNSHIP OF CHERRY HILL 820 MERCER STREET * CHERRY HILL, NJ 08002

CERTIFICATE

IDENTIFICATION

Date Issued: 04/26/2005

Control #: 41579

Collected by: SD

Permit #: 20022946

| 030-400 | -, 672 ⁻ | Home Warranty No: | |
|-------------------------------------|---|--|--|
| Block: | 525.15 Lot: 7 Qualification Code: | Type of Warranty Plan: | [] State [] Private |
| Work Site Location: | 218 CHARLAN CIRCLE | Use Group: | <u>R-4</u> |
| | CHERRY HILL | Maximum Live Load: Construction Classification: | |
| Owner in Fee: | MURRAY GUBIN | Maximum Occupancy Load: | |
| Address: | 218 CHARLAN CIRCLE | Certificate Exp Date: Description of Work/Use: | |
| | CHERRY HILL NJ 08003 | Description of Work/Use: RADON MITIGATION | |
| Telephone: | 856 454-4134 | | |
| Agent/Contractor: | HERA TECH, INC. | Update Desc. of Wk/Use: | |
| Address: | 1879 OLD CUTHBERT RD STE.1 | C P = CLC, C = == | |
| | CHERRY HILL NJ 08034 | | |
| Telephone: | 856 429-5200 | | |
| Lic. No J. Bldrs. Reg. No.: | MIB90025 Federal Emp. No.: 22-2959943 | | |
| Social Security No.: | | · | |
| [] CERTIFICATE OF | FOCCUPANCY | [] CERTIFICAT | E OF CLEARANCE-LEAD ABATEMENT 5:17 |
| | ing or structure has been constructed in accordance with the n Code and is approved for occupancy. | This serves notice that base NJAC 5:17, to the following | d on written certification, lead abatement was performed as per g extent: |
| | | [] Total removal of lead-ba | sed paint hazards in scope of work |
| [X] CERTIFICATE OF | APPROVAL | [] Partial or limited time po | eriod(years); see file |
| This serves notice that the work of | completed has been constructed or installed in accordance with ction Code and is approved. If the permit was issued for minor | [] · CERTIFICAT | E OF CONTINUED OCCUPANCY |
| work, this certificate was based u | upon what was visible at the time of inspection. | | d on a general inspection of the visible parts of the building there are e building is approved for continued occupancy. |
| [] TEMPORARY CEI | RTIFICATE OF OCCUPANCY/COMPLIANCE | | |
| | of Occupancy or Compliance, the following conditions must be | [] CERTIFICAT | E OF COMPLIANCE |
| met no later than or will be sub | ject to fine or order to vacate: | This serves notice that said accordance with the New Je | potentially hazardous equipment has been installed and/or maintained in rsey Uniform Construction Code and is approved for use until |
| $\sim 10^{-1}$ | j | | • |
| | 21 | | Fees: \$0.00 |
| Anthony Saccoman | no Construction Official | | Paid[X]Check No.: 1055 |

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR



| | ALL UTILITY DIG NO: 1 | | |
|--|---|--|-----------------------|
| Block 525.15 | Lot | <u> </u> | |
| Work Site Location 218 Chau | <u>lancinal</u> | 0 | |
| Cherry + | 1111 NJ 080 | 202 | |
| Owner in Fee Uur ray Gi | 2010 2010 | | |
| Address 218 Chai | slan cirel | | |
| Cheny | SOLM, 11:1+ | <u>,003</u> | |
| Tele. (866), 424-4134 J | <u>_</u> | | |
| | \mathcal{C} | | |
| Address 879-1010 With | WASELF BO | | |
| Chem Hall | 1 77 68030 | (:= 0 | 211.0 |
| Tele. (806) 429-8200 | | <u>०) ५२५-</u> | 341 1 |
| ic. No. or Bidrs. Reg. No. <u>UIBQ</u> | | | • |
| Federal Emp. No. 22-29 | <u> </u> | | |
| | | | |
| JOB SUMMARY (Office Use Only) | | | |
| PLANREVIEW Date initial | INSPECTIONS | Dat | es (Month/Day) |
| No Plans Required 10-22 5 2 40 | 7.S _{Type:} | Failure Fail | lure Approval Initial |
| [] All | Footing | | |
| [] Footing | Foundation | | |
| [] Foundation | Slab | | |
| [] Frame | Frame | | |
| [] Other | Barrier-Free | | |
| Joint Plan Review Required: | Insulation | | _ |
| [] Elec. [] Plumb. [] Fire [] Elevato | | | |
| f Tries: [Leignin: [Line [Leisage | or Finishes | | |
| SUBCODE APPROVAL | or Finishes Energy | | |
| SUBCODE APPROVAL [] CO [X] CA | | | |
| SUBCODE APPROVAL | Energy | | |
| SUBCODE APPROVAL [] CO [X] CA | Energy Mechanical | | |
| SUBCODE APPROVAL [] CO [] CCO [X] CA Date: 12505 0 CC | Energy Mechanical TCO | | |
| SUBCODE APPROVAL [] CO [] CCO [X] CA Date: 12505 0 CC | Energy Mechanical TCO Other | | |
| SUBCODE APPROVAL [] CO [] CCO [X] CA Date: 4 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Energy Mechanical TCO Other. Final | | |
| SUBCODE APPROVAL [] CO [] CCO [X] CA Date: 4 25 05 Approved by: 4 55 BUILDING CHARACTERISTICS | Energy Mechanical TCO Other. Final Barrier-Free | | |
| SUBCODE APPROVAL [] CO [] CCO [X] CA Date: 4 25 05 Approved by: 4 ES B. BUILDING CHARACTERISTICS Jse Group Present P | Energy Mechanical TCO Other. Final Barrier-Free | | f Bldg. Work: |
| SUBCODE APPROVAL [] CO [] CCO [X] CA Date: 125 05 Approved by: | Energy Mechanical TCO Other. Final Barrier-Free | 1. New Bidg | s <u>999 –</u> |
| SUBCODE APPROVAL [] CO [] CCO [X] CA Date: 1250 Approved by: 9 ES B. BUILDING CHARACTERISTICS Use Group Present P Constr. Class Present P | Energy Mechanical TCO Other. Final Barrier-Free | New Bidg Alteration | \$ <u>999 -</u> |
| SUBCODE APPROVAL [] CO [] CCO [X] CA Date: 1 25 05 Approved by: 4 55 B. BUILDING CHARACTERISTICS Use Group Present P Constr. Class Present P Io. of Stories Height of Structure | Energy Mechanical TCO Other. Final Barrier-Free Proposed Proposed Ft. | 1. New Bidg | \$ <u>999 -</u> |
| SUBCODE APPROVAL [] CO [] CCO [X] CA Date: 4 25 05 Approved by: 4 55 B. BUILDING CHARACTERISTICS Use Group Present Pres | Energy Mechanical TCO Other. Final Barrier-Free Proposed Proposed Ft. Sq. Ft. | New Bidg Alteration | \$ <u>999 -</u> |
| SUBCODE APPROVAL [] CO [] CCO [X] CA Date: 4 25 05 Approved by: 4 55 B. BUILDING CHARACTERISTICS Use Group Present P Constr. Class Present P Height of Structure Licea — Largest Floor | Energy Mechanical TCO Other. Final Barrier-Free Proposed Proposed Ft. | New Bidg Alteration | \$ <u>999 -</u> |



Date Received

Date Issued 10/25/02 12/7/04

Control #

Permit # 2002.2946 to Calputation

Manual Control

One Calputation

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.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

as per NIDEP Atandards.

CALL FOR FINAL INSPECTION

| TYPE OF WORK: | | FEE (Office Use Only) |
|--------------------|--------------------------|-----------------------|
| [] New Building | | s |
| [] Addition | • | |
| Alteration . | | |
| [] Roofing | | |
| [] Siding | | |
| [] Fence | Height (exceeds 6') | |
| [] Sign | Sq. Ft. | |
| [] Pool | | · |
| [] Asbestos Abate | ment Subchapter 8 | |
| | ment NJAC 5:17 | . 1. 100 |
| IXI Other RA | DON | <u> 46</u> |
| [] Demolition | | |
| | | |
| | Administrative Surcharge | \$ |
| , | Minimum Fee | \$ |
| | DCA Training Fee | \$ |
| | TOTAL FEE | \$ |
| | | |

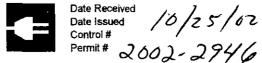
C/PRO F-110 (REV3/96) Professional Printing (856) 468-7933

1. White/Inspector Copy

3. Pink/ Office Copy

2. Canary/Office Copy 4. White Tag





| , TECHNICAL SECTION | | | Ferrica 2002-2746 | |
|---|-------------|---|--|---|
| A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING | D. TEC | HNICAL S | SITE DATA | |
| CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. | QTY. | SIZE | ITEMS | FEE (Office Use Only) |
| Block 525.15 Lot 7 | | | Lighting Fixtures | , |
| Work Site Location 218 Chastan circle | | | Receptacles | 1 |
| Cherry Hill, 1108003 | | | Switches | |
| Owner in Fee/Occupant | | | Detectors | |
| Address 218 Charley Tirele | | | Light Poles | |
| Cherry Hill, NJ 08003 | | | Motors—Fract, HP | <u> </u> |
| Tele. (856) 424-413 | | | Emergency & Exit Lights | |
| Contractor MURRALL GUBINO | | | Communications Points | |
| Address 218 Charles Circle | | | Alarm Devices/F.A.C. Panel | |
| chery Hill, wiosas | | | | ٠ , م |
| Tele. (886) 424-4134 Fax (| | | TOTAL NUMBERS | 1 31 |
| Lic. No. | | | Pool Permit/with UW Lights | " |
| Federal Emp. No. | | | <u> </u> | |
| | | | Storable Pool/Spa/Hot Tub KW Elec, Range/Receptacle | |
| B. ELECTRICAL CHARACTERISTICS | | | KW Oven/Surface Unit | |
| Use Group Present Proposed RADW MITIGATIAN | | | KW Elec. Water Heater | |
| [] Pole/Pad # [] Temporary [] Other | | | | |
| Building Occupied as Utility Co | | | KW Elec. Dryer/Receptacle | |
| Est. Cost of Elec. Work \$ | | | KW Dishwasher | |
| AND COMMANDA IN COMMAND | | | HP Garbage Disposal | |
| JOB SUMMARY (Office Use Only) | i —— | | KW Central A/C Unit | |
| PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day) | | • | HP/KW Space Heater/Air Handler | |
| [] No Plans Required Type: Failure Failure Approval Initial | | | KW Baseboard Heat | ļ |
| Joint Plan Review Required: Rough | <u> </u> | | HP Motors 1/+ HP | |
| [] Building [] Plumbing Temp. Serv. | | | KW Transformer/Generator | |
| [] Fire [] Elevator Constr. Serv. | | | AMP Service | |
| [] Elec. Plans Approved TCO | | | AMP Subpanels | |
| Date: 10/2000 Other | | | AMP Motor Control Center | |
| Approved by: Service | l —— | | KW Elec. Sign/Outline Light | |
| Final 3 24 10 3/24 00 100 | | | | |
| SUBCODE APPROVAL Temp. Cut-in-Card Date Issued | | | | |
| [] CO [] CA Final Cut-in-Card Date Issued | | | | . |
| Date: 3/29/08 | 1 | | Administrative Surcharge | \$ |
| Approved by: | İ | | Minimum Fee | \$ |
| <u> </u> | i | | DCA Training Fee | \$ |
| C. CERTIFICATION IN LIEU OF OATH | | * | TOTAL FEE | \$ |
| I hereby certify that I am the (agent of) owner of record and am authorized | | | . | |
| to make this application and perform the work listed on this application. | | | | |
| (VII) (X. I. | | | | |

Applicant's Signature/Contractor's Seal and Signature

| | | | | | | | | | | | 2024 | 748 |
|----------|--|---|--|--|---------------------------------------|--|---------------------------------|---|--|--|---|-------------------|
| 2 0 0 | вгоск 525-// у сот_ | | _ QUALIFIC | ATION COD | E | AD | DRESS (S | SITE) | _ | | PERMIT NO | |
| OCT | 2 2002 S() (2) | C AF | ONST PPLIC | RUC | TION | PER | | V. FEE (1) B (2) E 3. P | SUMMARY (1 | | | |
| UILDING | Application Completes: Section | ıs I, II, III (optio | onal), IV, VI, a | nd VII | | | | 5. E | levator Device | s | | |
| old'302 | 1. IDENTIFICATION 1. Propsed Work Site at: 218 2. Name of Owner in Fee: What Street 3. Ownership in Fee: Public Street 4. Principal Contractor: Public Street 4. Principal Contractor: Public Street 4. License No. OR, if new home Federal Employee No. 2.2 | Charla Unray Ilan C ic No To Ot Id Cut Builder Reg. I - 295- | M Circ GUD, SICU (Private A, MO NOCO NOCO NOCO NOCO NOCO NOCO NOCO NO | Cherry Charry Tel. (86 emy Hi EX FAX: (854 | (p) <u>429</u> 11, 11 08 (p) Date <u>511</u> (c) 1429 - S | 5200 1280 105 107 | 7. L S 8. S 10. S 11. C 12. C 13. T VI. BUII | ert. of Occupa ther OTAL LDING/SITE C | ee ncy :HARACTE | | (office use only) |
| → | 5. Architect of Engineer 001- | \mathcal{L} | $\omega n\omega$ | | iel (13 | ወ) ጓ ሬ ጓ- | 3200 | 2. H | eight of Structi rea — Largest | ure | ft. sq. ft. | |
| | Address 1870-1 of 6. Responsible Person in Charg | e of Work | ser ka | , crace | A HILL | 'VI 000 | 3-1 | 4. N | ew Building Ar | ea | sq. ft. | |
| | Tel. () | | | FAX (| _) | | | 5. V | olume of New : onstruction Cla | Structure assification | cu. ft. | I |
| | | | | | | | | - I Z. 10 | otal Land Area | Disturbed | ca A | |
| | | | | | | 1055 | | 9. B | ase Flood Elev | ation | ft. | <u> </u> |
| | | | | | | 10 | | 10. V | renamus yes | · | | |
| | | Rado | 2 Mit/ | gation | | | | 11. M 12. M | ax. Live Load ax. Occupanc | | | |
| | II. PROPOSED WORK | | (| | OP' | TIONAL (for off | | | | | | |
| | 1. Minor Work | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re- viewer | Resubmis Approval | sion Dates Rejection | Re- viewer | VII. DESCRIPTION OF BUILDI | NG USE |
| | 2. New Building | GP. (t | rico a by | 1100 0 | Duic | Date | VICVVCI | Дриоча | rejection | viewer | 1. Hotels (R-1) | |
| | 3. 🗀 Addition | | • | | | | ٥. | | | \vdash | 2 Multi-Family (R-2) | |
| | 4. 🛭 Alteration R 🗚 ののい | | | | | 10-22-02 | XFS | | | | 3. Two-Family (R-3) BOCA 4. Two-Family (R-4) CABO | |
| | 5. Fire Protection | | | | | | | | | | 5. One-Family (R-3) BOCA | 1 |
| | 6. Plumbing | | | ļ | | - / | | | | lacksquare | 6. One-Family (R-4) CABO | |
| | 7. 🔀 Electrical | | | | <u> </u> | 10/27/22 | No | | | | No. of dwelling units: | |
| | 8. Elevator Devices | | | | | <u> </u> | | | | - | Before Construction _ | |
| | 9. Asbestos Abat. Subch. 8 | | | | ļ | | | | | | After Construction | |
| | 10. Lead Hazard Abatement 11. Demolition | | | | | | | | | | Net Gain or Loss | |
| ŀ | | 499- | <u> </u> | 1 | | <u> </u> | | | <u>L </u> | | B. NON-RESIDENTIAL | |
| l | 101/12 00010 | _ ` \-(_ | | | | G CONTAIN AI | | | | _ [| State Specific Use: | |
| | III. DO YOU WANT: (optional 1. □ Partial Releases 2. □ Prototype Processing |) | Dun 2. ☐ High 3. ☐ Pres | /ators/Escala nbwaiters/Mo h Pressure B ssure Vessel rigeration Sys | ving Walks oilers s | | 6. ☐ Haz 7. ☐ Spr 8. ☐ Sm | rardous Uses. inklers | ns/Backflow P /Places of Ass ystems in Ope rage Tanks | embly | Use Group: Change in Use Group, In | dicate Former: |

LDS CH-B 10407246

CERTIFICATION IN LIEU OF OATH

Signature_____

| I. OW | NER 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 oby 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 AN 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, are existing single family residence that is owned and occupied by myself and located on the property listed on Page 1. |
| | I further certify that I will perform or supervise the following work: () Building C.2. () Fire Protection |
| | ther certify that I will perform the following work: () 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 o Taxation and to comply with all New Jersey tax laws. |
| I further of and local | certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county I prior approvals have been given, including such certification as the construction official may require. |
| I underst | and that if any of the above statements are willfully false, I am subject to punishment. |
| | e Music fuli Date |
| | :NT SECTION (to be completed if the applicant is not the owner in fee) certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is |
| authorize | by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent. |
| l further of | certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county I prior approvals have been given, including such certification as the construction official may require. |
| | o advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation omply with all New Jersey tax laws. |
| I underst | and that if any of the above statements are willfully false, I am subject to punishment. |
| () Ch | eck if contractor. |
| Agent Na | ame there tech inc |
| Address | 1879-1 ord Cuthbert Rd |
| | Cherry Hill, p.108034 |
| Telephon | ne (856) U29-5200 |

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

| VIII. PRIOR APPROVALS | | CAL ROVAL | COL APPR | INTY OVAL | | IONAL ROVAL | | ATE ROVAL | COMMENTS |
|---|--|---------------|----------------------|---------------|----------------------|----------------|----------------------|---------------|-------------|
| CHECKLIST (office use only) | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | COMMENTS |
| Zoning Officer | | | | | | | | | |
| Planning Board | | | | | | | | | |
| Zoning Board | | | | | | | | | |
|] Sewer Authority | | | | | | | | | |
| Water Authority | | | | | | | | | |
| Police Department | | | | | | | | | |
|] Health Department | | ļ | | | | | | | |
|] Soil Conservation | | | | | | | | | <u></u> - |
| N.J. Department of Community Affairs | | | | | | | | | |
| N.J. Department of Transportation | | | | | | | | | |
| N.J. Department of Environmental Protection | | | | | | | | | |
| Utility Dig No. | | | | | | | | | |
|] | | | | | | | | | |
| | | | | | | | | | |
| IX. SUBCODES AND SPECIAL | . REGULATIONS | APPLICABLE (| office use only- | optional) | | | | | |
| | ode & Edition | | Engrav | | Code & Edition | | Other | | |
| BuildingBlectrical | | | | | | | | | |
| Plumbing | | | | | | | | | |
| ire Protection | | | As Built Fley | ation Cert | | | - | | |
| Mechanical | | | | | | | | | · |
| | | | | | | | | | |
| K. CERTIFICATES ISSUED (of | ffice use only) | | | DATE IS | SUED | DATE EXP | PIRED | DATE REISSUED | DATE EXPIRE |
| ☐ Temporary Certificate of Occ | upancy | No. | | | | | <u> </u> | | |
| Temporary Certificate of Com | npliance | No. | | | | | | | |
| Continued Certificate of Occu | upancy | | | | · | | | | |
| Certificate of Compliance | - | | | | | | | | |
| Certificate of Occupancy | | | | | | | | | |
| Certificate of Approval | | | | | | | | | |
| Lead Abatement Clearance C | | No. | | | | | | | |



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

Permit Number: 20022946

Permit Date: 10/25/2002

Update Number: 41579

Application Date: 10/22/02

CONSTRUCTION PERMIT

TOENTIFIC ATTOM

OWNER/PROPERTY DETAILS

Block: 325.15 Lot: 7 Ounlifier: Work site Location: 218 CHARLAN CIRCLE CHERRY HILL Contractor HERA TECH, INC. Owner In Fee: MURRAY GUBIN Address: 1879 OLD CUTHBERT RD STE.1 218 CHARLAN CIRCLE Address: CHERRY HILL NJ 08034 CHERRY HILL NO 08003 Telephone: (856) - 429-5200 (856) - 454-4134 Telephone: Lic. No. / Bidrs. Reg. No.: MIB90025 Use Group(a): Federal Emp. No.: 22-2959943 PAVMENTS

| is hereby grained permission to perform | the following work: | | PAYMENTS | (Office Use Only) |
|--|------------------------------------|---------|--------------------------|--|
| [X] BUELDING | PLUMBING | [70-43] | Decidence and the second | |
| [X] ELECTRICAL | [] FIRE PROTECTION | | Building | \$46,00 \$36,00 |
| [] ELEVATOR DEVICES | MECHANICAL | [70-48] | filectrical | 9.50.047 |
| - 1 | - " | [70-36] | Pinmbing | |
| [] LEAD HAZARD ABATEMENT | [] DEMOLITION | [70-37] | Fire Protection | |
| [] ASBESTOS ABATEMENT | [] OTHER | [70-61] | Elevator Devices | a. |
| (Subchapter 8 only) | | [70-38] | Mechanical | |
| DESCRIPTION OF WORK: | | [70-91] | VolFee (DCA) | • |
| | | [70-91] | AltFoe (DCA) | \$1.00 |
| RADON MITIGATION | | [70-50] | CO Fee | |
| , | | [70-50] | CCO.Fee | |
| TAXABETE A S. PROPERTO ON ALCOHOL AND THE PROPERTY OF THE PROP | | [70-45] | tingineoring | |
| ESTIMATED COST OF WORK: | : , | [71-78] | Sewer | |
| Cost of Construction: | \$0.00 | [70-62] | Shade Tree | |
| Cost of Alteration: | \$999.00 | [76-53] | Street Opening | |
| Cost of Demolition: | \$0.00 | [73-83] | Street Open. Escre | 197 |
| Total Cost: | 3999.00 | | Total: | S 83.00 |
| If construction does not commence wi | thin one year of date of issuanca, | | All Fees Waive | ations reading to the relative statements, and all the contractions of the contraction |

or if construction ceases for a period of six months, this permit is wid.

Anthony Saccomanno

Contraction 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.

More:

945 2013 5 2018

Amount to be Pald:

Collected by:

SD

1055 \$83.00

3 33.40

Total Cash Amount

Total Check Amount

\$83.00

Total CC Amount

Check Mumber:

Check amount



| Tele. (| | | CC | 述 TEC | HNICAL | SECTIO | N |
|--|---|--------------|------------|---------------------------------------|---------------------------------------|------------|---------|
| Block 505 | | | | | | EN CHANGII | NG |
| Work Site Location | 7 3 - 1 5 | ALL OTTER | | -000-272-1 -7 | 000. | | |
| Owner in Fee | (A) (A) (A) | 1100.0 | \ | / | | | |
| Address | <u></u> | | - 14 1 1- | | | | |
| Address | Owner in Fee MUNICUL GL | n ide | | | · · · · · · · · · · · · · · · · · · · | | |
| Tele. (| Address 218 that | nar | ، زن د ۱ | <u>s</u> | | | |
| Contractor | | | | | | | |
| Contractor | Tele. (566), 424-4134) | | • | | | | |
| Tele. (| | ر | | | | | |
| Tele. (| Address 1879-1010 UUT | 17100 | 17 PS | | | | , |
| Discription | | | | | | | |
| Discription | Tele. (856) 129-5200 | | ax (8-30 | ک رز∑ | 4-74 | 17 | • |
| JOB SUMMARY (Office Use Only) PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day) No Plans Required | Lic. No. or Bldrs. Reg. No. 41200 | 52 | | | | | |
| PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day) [No Plans Required / 0 - 22 | Federal Emp. No. 22-295 | 2-00 | 43 | | | | |
| PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day) [No Plans Required / 0 - 22 | . d | | | | | | |
| PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day) [No Plans Required / 0 - 22 | JOB SUMMARY (Office Use Only) | | | • | | | |
| No Plans Required O 22 & 2 C Type: Failure Failure Approval Initial | · · · · · · · · · · · · · · · · · · · | INSPECT | TIONS | | Dates (M | Ionth/Dav\ | - |
| [] All | | ! (| 110110 | Failure | | | leitial |
| [] Footing | | ** | 0 | I diluic | Tanule | Vhbiosei | militar |
| [] Foundation | · · — — | | ~ | | | | |
| [] Frame | · · · · <u>- · · · · · · · · · · · · · · </u> | | ation | | | | |
| Substitution Barrier-Free Barr | · · — — | | | | | | |
| Joint Plan Review Required: [] Elec. [,] Plumb. [] Fire [] Elevator Finishes SUBCODE APPROVAL Energy [] CO [] CCO [] CA Mechanical Date: TCO Approved by: Other Final Barrier-Free | · · — — | | | | | | |
| [] Elec. [] Plumb. [] Fire [] Elevator Finishes SUBCODE APPROVAL Energy [] CO [] CCO [] CA Mechanical Date: TCO Approved by: Other Final Barrier-Free B. BUILDING CHARACTERISTICS Use Group Present Proposed Est. Cost of Bidg. Work: Constr. Class Present Proposed 1. New Bidg. \$ No. of Stories 2. Alteration \$ Height of Structure Ft. 3. Total (1+ 2) \$ Area — Largest Floor Sq. Ft. New Bidg. Area/Ail Floors Sq. Ft. | · · — — | | | | | | |
| SUBCODE APPROVAL [] CO [] CCO [] CA Mechanical Date: | · | | | | | | |
| CO | | | | | | | |
| Date: TCO Other | | - | • | | | | |
| Approved by: Other Final | · | | | | | | |
| Final Barrier-Free B. BUILDING CHARACTERISTICS Use Group Present Proposed Est. Cost of Bidg. Work: Constr. Class Present Proposed 1. New Bidg. \$ | | - | | | | | |
| Barrier-Free B. BUILDING CHARACTERISTICS Use Group Present Proposed Est. Cost of Bidg. Work: Constr. Class Present Proposed 1. New Bidg. \$ No. of Stories 2. Alteration \$ Height of Structure Ft. 3. Total (1+ 2) \$ Area — Largest Floor Sq. Ft. New Bidg. Area/Ail Floors Sq. Ft. | - | | V | | | | |
| B. BUILDING CHARACTERISTICS Use Group Present Proposed Est. Cost of Bidg. Work: Constr. Class Present Proposed 1. New Bidg. \$ No. of Stories 2. Alteration \$ Height of Structure Ft. 3. Total (1+ 2) \$ Area — Largest Floor Sq. Ft. New Bidg. Area/All Floors Sq. Ft. | , | | rrier-Free | · · · · · · · · · · · · · · · · · · · | | | |
| Use Group Present Proposed Est. Cost of Bidg. Work: Constr. Class Present Proposed 1. New Bidg. \$ 1. New Bidg. | | | | | | | |
| Use Group Present Proposed Est. Cost of Bidg. Work: Constr. Class Present Proposed 1. New Bidg. \$ 1. New Bidg. | B. BUILDING CHARACTERISTICS | | | | | | |
| Constr. Class Present Proposed 1. New Bldg. \$ | Use Group Present P | roposed | | Est. Co | st of Bide | ı. Work: | |
| No. of Stories 2. Alteration Height of Structure Ft. 3. Total (1+ 2) Area — Largest Floor Sq. Ft. New Bldg. Area/All Floors Sg. Ft. | Constr. Class Present P | roposed | | | - | (PA) - | |
| Height of Structure Ft. 3. Total (1+ 2) \$ 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | | | | - | | |
| Area — Largest Floor Sq. Ft. New Bidg. Area/All Floors Sg. Ft. | 111.21 | F | ₹t. | | | 999 | |
| New Bldg. Area/All Floors Sg. Ft. | | | | | . , . | | |
| Volume of New Structure Cu. Ft Cu. Ft. | | | | | | | |
| Total Land Area Disturbed | | | | 11/00 |) | | · |
| | Total Land Area Disturbed | | | 76 T | MIN | | |



Date Received
Date Issued 10/25/62Control #
Permit # $2002 \cdot 2946$

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
SOB-SLAD MitiGRATION SUS

SUB-slab mitigation system as per NUDEP Atandards.

CALL FOR FINAL INSPECTION

| TYPE OF WORK: | | FEE (Office Use Only) |
|------------------|--------------------------|-----------------------|
| [] New Building | | \$ |
| [] Addition | | |
| [≭] Alteration | | |
| [] Roofing | | |
| [] Siding | | |
| [] Fence | Height (exceeds 6") | |
| [] Sign | Sq. Ft. | |
| [] Pool | | |
| * * | ment Subchapter 8 | |
| | ement NJAC 5:17 | |
| [X] Other RA | IDON | 75- |
| [] Demolition | | |
| | | ' <u>.</u> |
| | Administrative Surcharge | \$ |
| | Minimum Fee | \$ |
| | DCA Training Fee | \$ |
| | TOTAL FEE | \$ |

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

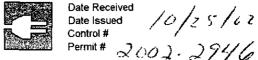
1. White/Inspector Copy

3. Pink/ Office Copy

2. Canary/Office Copy

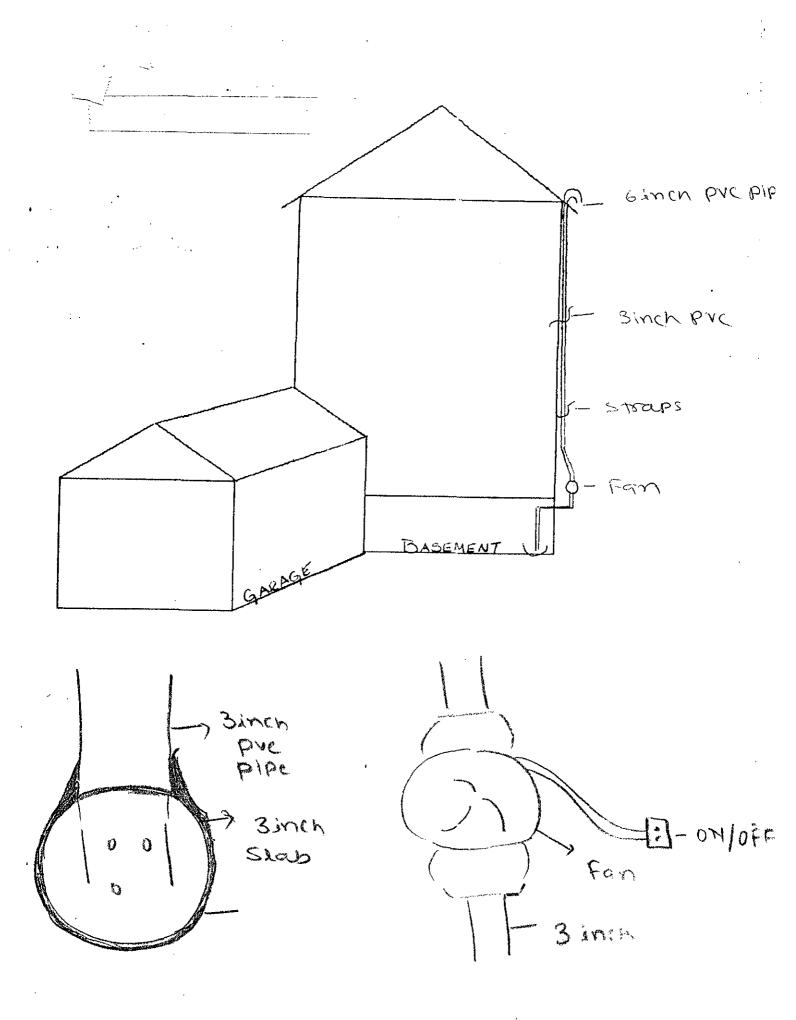
4. White Tag





| TECHNICAL SECTION | | 1 | """" 2002.2746 | • |
|---|---------------|-------------|--------------------------------|---|
| A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING | D. TEC | HNICAL S | SITE DATA | |
| CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. | QTY. | SIZE | ITEMS | FEE (Office Use On |
| Block 525.15 Lot 7 | | | Lighting Fixtures | |
| Work Site Location 218 Characters circle | | | Receptacles | |
| Cherry Mill, 12100003 | | | Switches | |
| Owner in Fee/Occupant mountain Cubin | _ | | Detectors | |
| Address 218 Charlan Tircle | | | Light Poles | |
| Cherry 16003 | | | MotorsFract, HP | |
| Tele. (<u>850)</u> 424 - 4131 | | | Emergency & Exit Lights | |
| Contractor (NUNCAU) (~1 bin | | | Communications Points | |
| Address 718 Charlety Circle | | | Alarm Devices/F.A.C. Panel | |
| e have Hill, who som | | | | 1 00 1 |
| Tele. (856) (124-4134) Fax (| | | TOTAL NUMBERS | \ s \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Lic. No. | | | Pool Permit/with UW Lights | <u> </u> |
| Federal Emp. No. | | | Storable Pool/Spa/Hot Tub | |
| B. ELECTRICAL CHARACTERISTICS | | | KW Elec. Range/Receptacle | *************************************** |
| | | | KW Oven/Surface Unit | |
| Use Group Proposed] Pole/Pad # | | | KW Elec. Water Heater | |
| | | | KW Elec. Dryer/Receptacle | |
| Building Occupied asUtility Co | | | KW Dishwasher | |
| Est. Cost of Elec. Work \$ | | | HP Garbage Disposal | - |
| IOD CUINNADY (Office Lice Only) | | | KW Central A/C Unit | <u> -</u> |
| JOB SUMMARY (Office Use Only) | | | | |
| PLAN REVIEW . Date Initial INSPECTIONS Dates (Month/Day) | | | HP/KW Space Heater/Air Handler | |
| [] No Plans Required Type: Failure Failure Approval Initial | | | KW Baseboard Heat | |
| Joint Plan Review Required: Rough | | | HP Motors 1/+ HP | |
| [] Building [] Plumbing Temp. Serv | | | KW Transformer/Generator | |
| [] Fire [] Elevator Constr. Serv. | | | AMP Service | |
| [] Elec. Plans Approved TCO Date: 10/123/2 Other | | | AMP Subpanels | |
| Date: 10 years Other | | | AMP Motor Control Center | |
| Approved by: | | | KW Elec. Sign/Outline Light | |
| Final | | | | |
| SUBCODE APPROVAL Temp. Cut-in-Card Date Issued | | | | - <u></u> |
| [] CO [] CO [] CA Final Cut-in-Card Date Issued | | | | - |
| Date: | | | Administrative Surcharge | · \$ |
| Approved by: | | | Minimum Fee | s 31 |
| | | | DCA Training Fee | |
| C. CERTIFICATION IN LIEU OF OATH | | | TOTAL FEE | · |
| I hereby certify that I am the (agent of) owner of record and am authorized | | | L | · · · |
| to make this application and perform the work listed on this application. | | | | |
| o make this application and perform the work listed on this application. | | | | |

Applicant's Signature/Contractor's Seal and Signature





STATE OF NEW IERSEV

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.

Displey this parter refer to be with the

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



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.

. Kenewal Certalizacation

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

Should you change your name and/or address, complete and return this portal promptly to MIDEE Radial Section P.O. BOX 115 Trenton, NI 08625-04

STATE OF NEW JERSEY DEPARTMENT: OF ENVIRONMENTAL PROTECTION

is a Hereby Certifies the Good lander of

A PROPERTY OF STREET, AND A ST

CERTOPICATION NO. 1945

[85hould you change your name anglor address, complete and remm this pornon in promptly to: NIDEP Radom Section P.O. BOX 415 Trenton NI 08625-0415

STREET ADDRESS

STATE OF NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Hereby Certifies the Goodstanding of: RASHAT, SUBASH

CERTIFICATION NO.

RADON-MITTIGATE METERS IN LIST

EXPIRES: 05/14/2003