



Property Information		Request Information		Update Information
File#:	BS-W01469-7034150042	Requested Date:	10/25/2023	Update Requested:
Owner:	SHOSHANA SEREBROWSKI	Branch:		Requested By:
Address 1:	218 Charlann Cir	Date Completed:		Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	Cherry Hill, NJ	# of Parcel(s):	1	

Notes

CODE VIOLATIONS Per Town of Cherry Hill Department of Zoning there are no Code Violation cases on this property.
Collector: Cherry Hill Township
Address: 820 Mercer St, Cherry Hill, NJ 08002
Business# 856-488-7892

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

PERMITS Per Town of Cherry Hill Department of Building there are no Open/Pending/ Expired Permit on this property.
Collector: Cherry Hill Township
Address: 820 Mercer St, Cherry Hill, NJ 08002
Business# 856-488-7892

SPECIAL ASSESSMENTS Per Town of Cherry Hill Finance Department there are no Special Assessments/liens on the property.
Collector: Cherry Hill Township
Address: 820 Mercer St, Cherry Hill, NJ 08002
Business# 856-488-7892
UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

DEMOLITION NONE



UTILITIES

Water:

Account #: N/A

Payment Status: N/A

Status: NO Liable

Amount: N/A

Good Thru: N/A

Account Active: YES

Collector: New Jersey American Water

Payable Address: 1 Water St, Camden, NJ 08102

Business# (800) 272-1325

UNABLE TO PROVIDE INFO TO THIRD PARTIES. HOMEOWNER AUTHORIZATION NEEDED.

Sewer:

Account #: 090193301

Payment Status: DELINQUENT

Status: Pvt & Liable

Amount: \$271.67

Good Thru: 11/30/2023

Account Active: YES

Collector: The Camden County Municipal Utilities Authority

Payable Address: 1645 Ferry Avenue Camden, NJ 08104

Business# 856-541-3700

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

Garbage:

Garbage bills are included in the real estate property taxes.



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 <input checked="" type="checkbox"/>			<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)

\$ _____

46⁰⁰

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



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received 10/25/02
Date Issued
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/Occupant Murray Gubin
Address 218 Charleston Circle
Cherry Hill, NJ 08003
Tele. (856) 424-4134
Contractor Murray Gubin
Address 218 Charleston Circle
Cherry Hill, NJ 08003
Tele. (856) 424-4134 Fax ()
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed RADON MITIGATION
[] Pole/Pad # [] Temporary [] Other
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 75-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
[] No Plans Required			Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:			Rough				
[] Building [] Plumbing			Temp. Serv.				
[] Fire [] Elevator			Constr. Serv.				
[] Elec. Plans Approved			TCO				
Date: <u>10/22/02</u>			Other				
Approved by: <u>[Signature]</u>			Service				
			Final	<u>3/29/02</u>		<u>3/29/02</u>	<u>[Signature]</u>
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued _____				
[] CO [] CCO [X] CA	Final Cut-in-Card Date Issued _____						
Date: <u>3/29/02</u>							
Approved by: <u>[Signature]</u>							

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 and perform the work listed on this application.

Murray Gubin
Applicant's Signature/Contractor's Seal and Signature

[] Licensed Electrical Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
_____	_____	Lighting Fixtures
_____	_____	Receptacles
_____	_____	Switches
_____	_____	Detectors
_____	_____	Light Poles
_____	_____	Motors—Fract. HP
_____	_____	Emergency & Exit Lights
_____	_____	Communications Points
_____	_____	Alarm Devices/F.A.C. Panel
_____	_____
_____	_____	TOTAL NUMBERS
_____	_____	Pool Permit/with UW Lights
_____	_____	Storable Pool/Spa/Hot Tub
_____	_____	KW Elec. Range/Receptacle
_____	_____	KW Oven/Surface Unit
_____	_____	KW Elec. Water Heater
_____	_____	KW Elec. Dryer/Receptacle
_____	_____	KW Dishwasher
_____	_____	HP Garbage Disposal
_____	_____	KW Central A/C Unit
_____	_____	HP/KW Space Heater/Air Handler
_____	_____	KW Baseboard Heat
_____	_____	HP Motors 1/+ HP
_____	_____	KW Transformer/Generator
_____	_____	AMP Service
_____	_____	AMP Subpanels
_____	_____	AMP Motor Control Center
_____	_____	KW Elec. Sign/Outline Light
_____	_____
_____	_____

FEE (Office Use Only)

\$ 31

Administrative Surcharge \$ 5
Minimum Fee \$ 31
DCA Training Fee \$ _____
TOTAL FEE \$ _____

2022946

BLOCK 525-15 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

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



CONSTRUCTION PERMIT APPLICATION

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

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: Thera 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 (____) _____

old
10-23-02

1055

Radon Mitigation

V. FEE SUMMARY (for office use only)

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

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 _____

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
							Approval	Rejection	
1. <input checked="" type="checkbox"/> Minor Work	<u>099-</u>								
2. <input type="checkbox"/> New Building									
3. <input type="checkbox"/> Addition									
4. <input checked="" type="checkbox"/> Alteration <u>RADON</u>					<u>10-22-02</u>	<u>JFS</u>			
5. <input type="checkbox"/> Fire Protection									
6. <input type="checkbox"/> Plumbing									
7. <input checked="" type="checkbox"/> Electrical					<u>10/27/02</u>	<u>nm</u>			
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	<u>099-</u>								

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)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
<input type="checkbox"/> Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
<input type="checkbox"/> Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
<input type="checkbox"/> Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
<input type="checkbox"/> Certificate of Compliance	No. _____	_____	_____	_____	_____
<input type="checkbox"/> Certificate of Occupancy	No. _____	_____	_____	_____	_____
<input type="checkbox"/> Certificate of Approval	No. _____	_____	_____	_____	_____
<input type="checkbox"/> Lead Abatement Clearance Certificate	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:
 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 8 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

If construction does not commence within one year of date of issuance,
 or if construction ceases for a period of six months, this permit is void.

Anthony Saccomanno

10/23/02
 Date

Construction Official

All Fees Waived No
 Amount to be Paid: \$ 83.00

Check Number: 1055
 Check amount: \$83.00

- :: 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) 424-3417
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



**ELECTRICAL
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 Chanters Circle
Cherry Hill, NJ 08003
 Owner in Fee/Occupant Marilyn Gubin
 Address 218 Chanters Circle
Cherry Hill, NJ 08003
 Tele. (856) 424-4131
 Contractor Marilyn Gubin
 Address 218 Chanters Circle
Cherry Hill, NJ 08003
 Tele. (856) 424-4131 Fax ()
 Lic. No. _____
 Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
 Pole/Pad # _____ Temporary Other _____
 Building Occupied as _____ Utility Co. _____
 Est. Cost of Elec. Work \$ 75-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required			Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:			Rough				
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing			Temp. Serv.				
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Constr. Serv.				
<input type="checkbox"/> Elec. Plans Approved			TCO				
Date: <u>10/25/02</u>			Other				
Approved by: <u>[Signature]</u>			Service				
			Final				

SUBCODE APPROVAL
 CO CCO CA
 Date: _____
 Approved by: _____
 Temp. Cut-in-Card Date Issued _____
 Final Cut-in-Card Date Issued _____

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 and perform the work listed on this application.

[Signature]
 Applicant's Signature/Contractor's Seal and Signature

Licensed Electrical Contractor Exempt Applicant

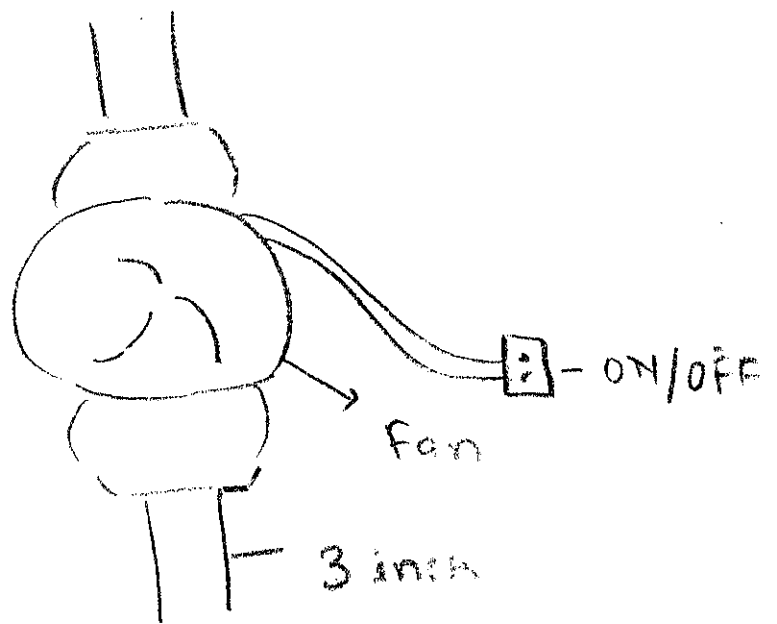
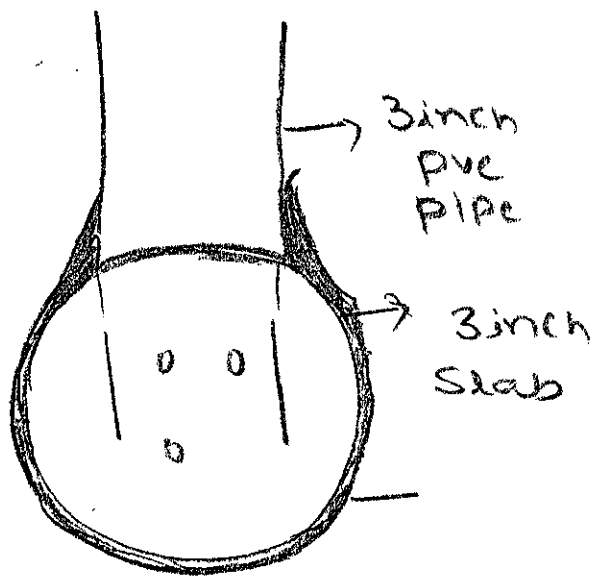
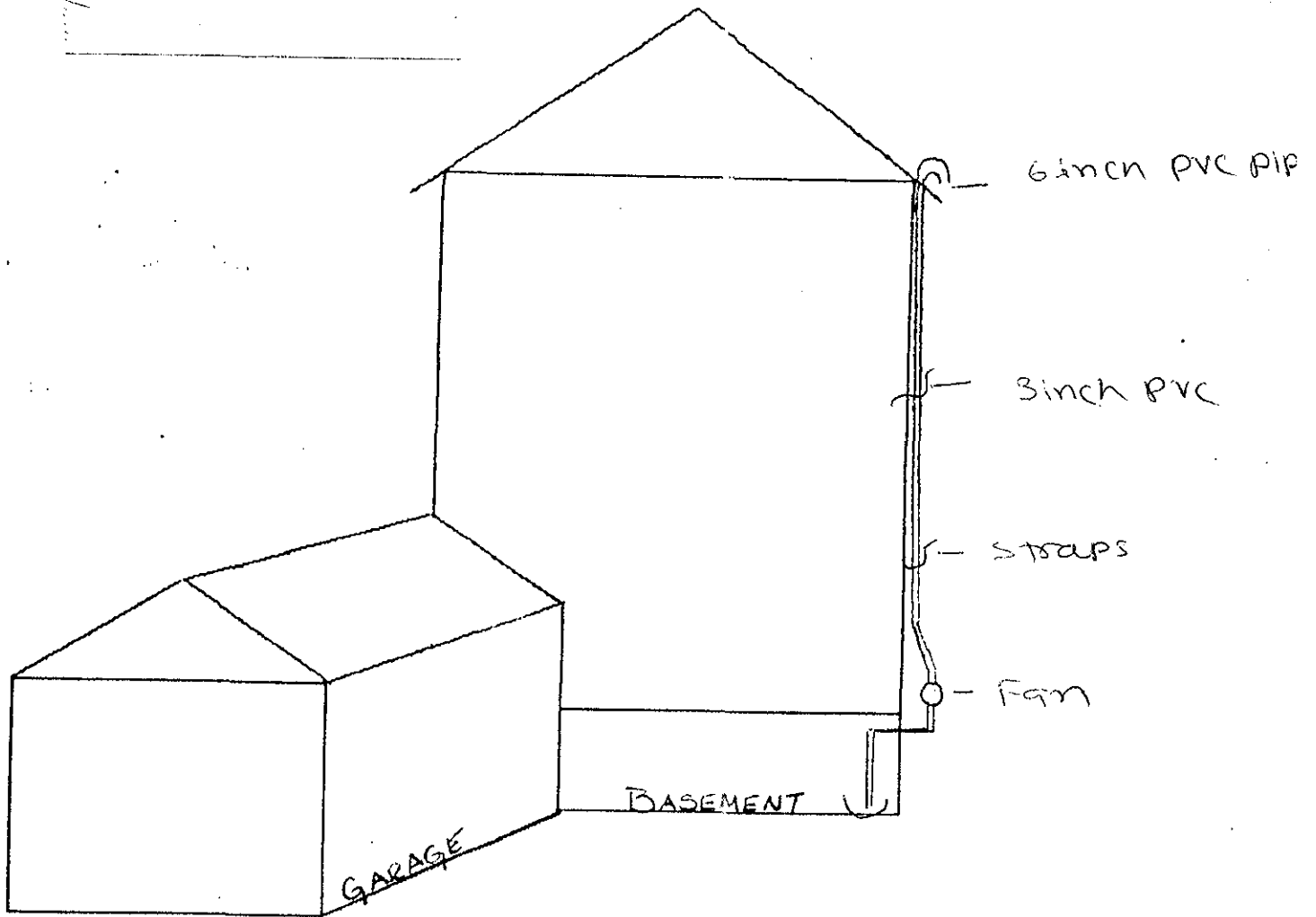
D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
_____	_____	Lighting Fixtures
_____	_____	Receptacles
_____	_____	Switches
_____	_____	Detectors
_____	_____	Light Poles
_____	_____	Motors—Fract. HP
_____	_____	Emergency & Exit Lights
_____	_____	Communications Points
_____	_____	Alarm Devices/F.A.C. Panel
_____	_____
_____	_____	TOTAL NUMBERS
_____	_____	Pool Permit/with UW Lights
_____	_____	Storable Pool/Spa/Hot Tub
_____	_____	KW Elec. Range/Receptacle
_____	_____	KW Oven/Surface Unit
_____	_____	KW Elec. Water Heater
_____	_____	KW Elec. Dryer/Receptacle
_____	_____	KW Dishwasher
_____	_____	HP Garbage Disposal
_____	_____	KW Central A/C Unit
_____	_____	HP/KW Space Heater/Air Handler
_____	_____	KW Baseboard Heat
_____	_____	HP Motors 1/+ HP
_____	_____	KW Transformer/Generator
_____	_____	AMP Service
_____	_____	AMP Subpanels
_____	_____	AMP Motor Control Center
_____	_____	KW Elec. Sign/Outline Light
_____	_____
_____	_____

FEE (Office Use Only)

\$ 31

Administrative Surcharge \$ 5
 Minimum Fee \$ 31
 DCA Training Fee \$ _____
 TOTAL FEE \$ _____





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 page PUBLICLY at your business location

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

RADON MITIGATION BUSINESS NUMBER MLB90025

VRD-002-297

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.
MLB90025
CERTIFICATION NO.

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-002-297

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
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STREET ADDRESS

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RASHAT, SUBASH
MIS10152
CERTIFICATION NO.

RADON MITIGATION QUALITY TEST

EXPIRES 05/14/2003