



**GLOUCESTER TOWNSHIP**  
NEW JERSEY

*Code Enforcement Unit*

*1261 Chews Landing Road, Laurel Springs, NJ 08021*

*Codeenforcement@glotwp.com*

*856-374-3513*

November 14, 2023

To Whom It May Concern,

RE: 21 High Woods Ave

Please be advised the above property does not have any current Code Enforcement violations.

Thank you,

*Kimberly McDevitt*

Kimberly McDevitt

Code Enforcement Clerk



# Interoffice

## MEMORANDUM

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**To:** Nancy Power, Township Clerk

**From:** Cookie Pessagno

**Re:** Records Request

**Date:** November 15, 2023,

Dear Nancy,

This letter is regarding the records request from Danni Christopher for the information you requested for all permits for this address 21 High Woods Ave Block 17907 Lot 43. All permits are closed. There is 1 building violation see attached. **If you have any questions, please feel free to contact me at 856-374-3500.**

Thank you,

Cookie Pessagno

Construction Department

**Gloucester Township**

1261 Chews Landing Rd  
Laurel Springs, NJ 08021  
(856)374-3500 FAX (856)232-6229

Permit No.  
Control No.  
Log No. 20010166

**NOTICE AND ORDER OF PENALTY**

(5:23-2.14[a]Work w/o the required permit)

**Identification**

Work Site 21 HIGH WOODS AVENUE Contractor  
Block/Lot 17907/43  
Owner MUNS, TYRONE H & LILIBETH V  
21 HIGH WOODS AVENUE  
ERIAL, NJ 08081

**Action**

Date of Notice 4/06/06 Compliance Due Date 4/21/06 Date of Inspection 3/21/06

**TAKE NOTICE** that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that

**Finished basement without the required permit**

You are hereby ordered to terminate the said violations on or before 4/21/06  
No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.  
You are hereby ordered to pay a penalty of \$500.00 for each violation for a total  
penalty of \$500.00 Each WEEK that any of the said violations remain outstanding  
after 04/21/06 shall result in an additional penalty of \$200 per WEEK

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the County of CAMDEN within 15 days of the receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is \$ 50.00 to be forwarded with your application to the Construction Board of Appeals office at: **14th Floor City Hall 520 Market St Camden NJ 08102**

If you have any questions concerning this matter, please call the construction office, Gloucester Township

Subcode Official \_\_\_\_\_ Date \_\_\_\_\_

James T. Gallagher \_\_\_\_\_ Date \_\_\_\_\_  
Construction Official

**Gloucester Township**

1261 Chews Landing Rd  
Laurel Springs, NJ 08021  
(856)374-3500 FAX (856)232-6229

Permit No. **20011286**  
Control No. **24263**  
Parcel(Block/Lot). **17907/43**  
Applic/Issued. **8/17/01 / 8/30/01**

**Construction Permit**

Work Site Location 21 HIGH WOODS AVE, Erial Contractor...  
Owner in Fee..... Paparone Homes of New Jersey Inc. Address.....  
Address..... 1111 Markkress Road  
Cherry Hill, NJ 08003 Phone.....  
Phone..... (856)424-7000 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:

Single Family Dwelling, Lexington Model

*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: \$92,970

\_\_\_\_\_  
Construction Official Date

<b>PAYMENTS * (Office Use Only)</b>	
Building .....	<u>\$1047</u>
Electrical .....	<u>119</u>
Plumbing .....	<u>340</u>
Fire Protection .....	<u>175</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>78</u>
Certificate of Occupancy	<u>50</u>
Other .....	<u>0</u>
Total .....	<u>\$1809</u>
Check#/Cash.....	
Paid .....	<u>\$1809</u>
Collected By .....	

Total Administrative Fee: \$0

*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*



**Gloucester Township**  
**BUILDING SUBCODE**  
**TECHNICAL SECTION**



Date Received **8/17/2001**  
 Control # **24263**

Date Issued **8/30/2001**  
 Permit # **20011286**

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

Block/Lot 17907/43  
 Work Site Location 21 HIGH WOODS AVE

Owner in Fee: Paparone Homes of New Jersey Inc.  
 Tel. (856)424-7000 e-mail \_\_\_\_\_

Address: 1111 Markkress Road Cherry Hill, NJ 08003  
Street municipality zip code

Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_

Address: \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX \_\_\_\_\_

**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  
**Single Family Dwelling, Lexington Model**

JOB SUMMARY (Office Use Only)							
PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> All	_____	_____	Footing	_____	_____	_____	_____
<input type="checkbox"/> Footing	_____	_____	Footing Bonding	_____	_____	_____	_____
<input type="checkbox"/> Foundation	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Frame	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	Frame	_____	_____	_____	_____
			Truss Sys./Bracing	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____
Joint Plan Review Required			Insulation	_____	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Finishes-Base Layer	_____	_____	_____	_____
<b>SUBCODE APPROVAL</b>			Finishes-Final	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Energy	_____	_____	_____	_____
Date: _____			Mechanical	_____	_____	_____	_____
Approved by: _____			TCO	_____	_____	_____	_____
			Final	_____	_____	_____	_____
			Other	_____	_____	_____	_____

**TYPE OF WORK**

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

**FEE (Office Use Only)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. BUILDING CHARACTERISTICS**

Use Group Present R-3 Proposed \_\_\_\_\_  
 Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_  
 No. of Stories \_\_\_\_\_  
 Height of Structure \_\_\_\_\_ FT  
 Area - Largest Floor \_\_\_\_\_ Sq. Ft.  
 New Bldg. Area/All Floors 2712 Sq. Ft.  
 Volume of New Structure 48468 Cu. Ft.  
 Total Land Area Disturbet 2712 Sq. Ft.

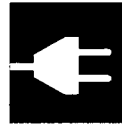
**Est. Cost of Bldg. Work :**

1. New Bldg. \$ \_\_\_\_\_  
 2. Rehabilitation \$ \_\_\_\_\_  
 3. Total (1+2) \$ 85,000

Administrative Surcharge \$ \_\_\_\_\_ **0**  
 Minimum Fee \$ \_\_\_\_\_  
 State Permit Surcharge Fee \$ \_\_\_\_\_  
**TOTAL FEE \$ \_\_\_\_\_**



**Gloucester Township**  
**ELECTRICAL SUBCODE**  
**TECHNICAL SECTION**



Date Received **8/17/2001**  
 Control # **24263**  
 Date Issued **8/30/2001**  
 Permit # **20011286**

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

Block/Lot 17907/43  
 Work Site Location 21 HIGH WOODS AVE

Owner in Fee: Paparone Homes of New Jersey Inc.  
 Tel. (856)424-7000 e-mail \_\_\_\_\_

Address: 1111 Marlkrass Road Cherry Hill, NJ 08003  
Street municipality zip code

Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_

Address: \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX. \_\_\_\_\_

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed R-3  
 Pole/pad # \_\_\_\_\_  Temporary Service  Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_  
 Est. Cost of Elec. Work \$ 2940 Descript: Single Family Dwelling, Lexington Model

**C. CERTIFICATION IN UEU 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.

Applicant's Signature/Contractor's Seal and Signature

Licensed Elec Contractor  Cert Landscape Contr  Exempt Applic

**D. TECHNICAL SITE DATA**

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Pole	_____
_____	_____	Motors—Fract. H	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Panels	_____
_____	_____	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 AC Unit	_____
_____	_____	HP/KW Space Heater/Air Handler	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 11+ HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)			
	Date	Initial	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/>			No Plans Required				
Joint Plan Review Required:			Rough				
<input type="checkbox"/>			Barrier-Free				
<input type="checkbox"/>			Trench				
<input type="checkbox"/>			Temp. Serv.				
<input type="checkbox"/>			Constr. Serv.				
<input type="checkbox"/>			TCO				
Date: _____			Other				
Approved by: _____			Service				
			Final				
			Barrier-Free				
<b>SUBCODE APPROVAL</b>			Temp. Cut-in-Card Date Issued	_____			
<input type="checkbox"/>			Final Cut-in-Card Date Issued	_____			
<input type="checkbox"/>			Annual Pool Inspection	_____			
Date: _____			Date of Grounding and Bonding	_____			
Approved by: _____			Certification	_____			

U.C.C. F120 (rev. 07105) Applicant: When submitting this form to your Local construction code Enforcement Office please provide one original plus three photocopies

Administrative Surcharge \$ 0  
 Minimum Fee \$ \_\_\_\_\_  
 State Permit Surcharge Fee \$ \_\_\_\_\_  
 TOTAL FEE \$ \_\_\_\_\_



**Gloucester Township**  
**FIRE PROTECTION SUBCODE**  
**TECHNICAL SECTION**

Date Received **8/17/2001**  
 Control # **24263**  
 Date Issued **8/30/2001**  
 Permit # **20011286**



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

Block/Lot 17907/43  
 Work Site Location 21 HIGH WOODS AVE

Owner in Fee: Paparone Homes of New Jersey Inc.

Tel. (856)424-7000 e-mail \_\_\_\_\_

Address: 1111 Marlgress Road Cherry Hill, NJ 08003  
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-3 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 \$ 200

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)			
		Failure	Failure	Approval	Initial
PLAN REVIEW	Type:				
[ ] 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	_____	_____	_____	_____
<b>SUBCODE APPROVAL</b>	Flam/Combust Tanks	_____	_____	_____	_____
[ ] CO [ ] CCO [ ] CA	TCO	_____	_____	_____	_____
Date: _____	Fireplace Venting	_____	_____	_____	_____
Approved by: _____	Final	_____	_____	_____	_____
	Other _____	_____	_____	_____	_____

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Applicant's Signature/Contractor's Signature

Certified Contractor  Exempt Applicant

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK:**

Single Family Dwelling, Lexington Model

Water Supply Source \_\_\_\_\_

Method of Alarm/Suppression System Supervision \_\_\_\_\_

	FEE (Office Use Only)
Flammable/Combustible Tanks _____	\$ _____
<b>Alarm Systems</b>	
<input type="checkbox"/> System	
<input type="checkbox"/> Interconnected 110 v	
<input type="checkbox"/> 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 _____	_____
<b>Suppression System</b>	
Fire Pump _____ GPM Type _____	_____
Dry Pipe/Alarm Valves _____	_____
Pre-action Valves _____	_____
Springler Heads (Dry and Wet) _____	_____
Standpipes _____	_____
<b>Pre-engineered Systems</b>	
Wet Chemical _____	_____
Dry Chemical _____	_____
CO <sub>2</sub> Suppression _____	_____
Foam Suppression _____	_____
FM200 Suppression _____	_____
Other _____	_____
<b>Other Systems</b>	
Kitchen Hood Exhaust System _____	_____
Smoke Control System _____	_____
Fired Appliances [ ] Gas or [ ] Oil _____	_____
Fireplace Venting/Metal Chimney _____	_____
Other _____	_____

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





# Gloucester Township

1261 Chews Landing Rd

Laurel Springs, NJ 08021

(856)374-3500

FAX (856)232-6229

Permit No.

20011286

Control No.

24263

Block/Lot

17907/43

Date

12/12/01

## Certificate of Occupancy

### IDENTIFICATION

Block/Lot 17907/43  
Work Site Location 21 HIGH WOODS AVE  
ERIAL, 08081  
Owner in Fee/Occupant Paparone Homes of New Jersey Inc.  
Address 1111 Markkress Road  
Cherry Hill, NJ 08003  
Telephone (856)424-7000  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ FAX \_\_\_\_\_  
Lic. No. or Bldrs. Reg. No. None  
Federal Emp. No. \_\_\_\_\_

Home Warranty No. 2089068  
Type of Warranty Plan: [ ] State  Private  
Use Group R-3  
Maximum Live Load 40  
Construction Classification \_\_\_\_\_  
Maximum Occupancy Load \_\_\_\_\_  
Description of Work/Use:

Single Family Dwelling, Lexington Model

### 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 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 \_\_\_\_\_

\_\_\_\_\_  
James T. Gallagher, Construction Official

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

Permit Fee \$

1,809

Paid [ ] Check No. \_\_\_\_\_

Collected by: \_\_\_\_\_

**Gloucester Township**

1261 Chews Landing Rd  
Laurel Springs, NJ 08021  
(856)374-3500 FAX (856)232-6229

Permit No. **20060779**  
Control No. **38371**  
Parcel(Block/Lot). **17907/43**  
Applic/Issued. **3/22/06 / 5/01/06**

**Construction Permit**

Work Site Location 21 HIGH WOODS AVE  
Owner in Fee..... MUNS, TYRONE H & LILIBETH V  
Address..... 21 HIGH WOODS AVENUE  
ERIAL, NJ, 08081  
Phone..... (856)309-3878

Contractor... \_\_\_\_\_  
Address..... \_\_\_\_\_  
Phone..... \_\_\_\_\_  
Lic No..... \_\_\_\_\_  
Fed Emp No. \_\_\_\_\_

Permission is hereby granted to do the following work:

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

Description of Work:  
finish Basement.

*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: \$13,600

<b>PAYMENTS * (Office Use Only)</b>	
Building .....	<u>\$240</u>
Electrical .....	<u>65</u>
Plumbing .....	<u>65</u>
Fire Protection .....	<u>65</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>18</u>
Certificate of Occupancy	<u>0</u>
Other .....	<u>0</u>
<b>Total .....</b>	<b><u>\$453</u></b>
Check#/Cash.....	<u>1527</u>
Paid .....	<u>\$453</u>
Collected By .....	<u>DS</u>

Total Administrative Fee: \$0

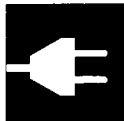
Construction Official \_\_\_\_\_ Date \_\_\_\_\_

*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*





**Gloucester Township**  
**ELECTRICAL SUBCODE**  
**TECHNICAL SECTION**



Date Received **3/22/2006**  
 Control # **38371**

Date Issued **5/01/2006**  
 Permit # **20060779**

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

Block/Lot 17907/43  
 Work Site Location 21 HIGH WOODS AVE

Owner in Fee: MUNS, TYRONE H & LILIBETH V  
 Tel. (856)309-3878 e-mail \_\_\_\_\_

Address: 21 HIGH WOODS AVENUE ERIAL, NJ, 08081  
Street municipality zip code

Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_

Address: \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX. \_\_\_\_\_

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed R-5  
 Pole/pad # \_\_\_\_\_  Temporary Service  Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_  
 Est. Cost of Elec. Work \$ 2500 Descript: finish Basement.

**C. CERTIFICATION IN UEU 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.

Applicant's Signature/Contractor's Seal and Signature

Licensed Elec Contractor  Cert Landscape Contr  Exempt Applc

**D. TECHNICAL SITE DATA**

QTY.	SIZE	ITEMS
<u>23</u>		Lighting Fixtures
<u>23</u>		Receptacles
<u>6</u>		Switches
_____		Detectors
_____		Light Pole
_____		Motors—Fract. H
_____		Emergency & Exit Lights
_____		Communications Panels
_____		Alarm Devices/F.A.C. Panel
<u>52</u>		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 AC Unit
_____		HP/KW Space Heater/Air Handler
_____		KW Baseboard Heat
_____		HP Motors 11+ HP
_____		KW Transformer/Generator
_____		AMP Service
_____		AMP Subpanels
_____		AMP Motor Control Center
_____		KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ 65

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required			Type:	Failure	Failure	Approval	Initial
			Rough	_____	_____	_____	_____
Joint Plan Review Required:			Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing			Trench	_____	_____	_____	_____
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Temp. Serv.	_____	_____	_____	_____
<input type="checkbox"/> Elec. Plans Approved			Constr. Serv.	_____	_____	_____	_____
Date: _____			TCO	_____	_____	_____	_____
Approved by: _____			Other	_____	_____	_____	_____
			Service	_____	_____	_____	_____
			Final	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____
<b>SUBCODE APPROVAL</b>			Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Final Cut-in-Card Date Issued	_____	_____	_____	_____
Date: _____			Annual Pool Inspection	_____	_____	_____	_____
Approved by: _____			Date of Grounding and Bonding	_____	_____	_____	_____
			Certification	_____	_____	_____	_____

U.C.C. F120 (rev. 07/05) Applicant When submitting this form to your Local construction code Enforcement Office please provide one original plus three photocopies

Administrative Surcharge \$ 0  
 Minimum Fee \$ \_\_\_\_\_  
 State Permit Surcharge Fee \$ \_\_\_\_\_  
**TOTAL FEE \$ 65**



**Gloucester Township**  
**FIRE PROTECTION SUBCODE**  
**TECHNICAL SECTION**

Date Received **3/22/2006**  
 Control # **38371**  
 Date Issued **5/01/2006**  
 Permit # **20060779**



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

Block/Lot 17907/43  
 Work Site Location 21 HIGH WOODS AVE

Owner in Fee: MUNS, TYRONE H & LILIBETH V  
 Tel. (856)309-3878 e-mail \_\_\_\_\_

Address: 21 HIGH WOODS AVENUE ERIAL, NJ, 08081  
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 \$ 1000

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)			
		Type:	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	_____	_____	_____	_____
<b>SUBCODE APPROVAL</b>	Flam/Combust Tanks	_____	_____	_____	_____
[ ] CO [ ] CCO [ ] CA	TCO	_____	_____	_____	_____
Date: _____	Fireplace Venting	_____	_____	_____	_____
Approved by: _____	Final	_____	_____	_____	_____
	Other _____	_____	_____	_____	_____

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

Applicant's Signature/Contractor's Signature

Certified Contractor  Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK:

finish Basement.

Water Supply Source \_\_\_\_\_

Method of Alarm/Suppression System Supervision \_\_\_\_\_

	FEE (Office Use Only)
Flammable/Combustible Tanks _____	\$ _____
<b>Alarm Systems</b>	
<input type="checkbox"/> System	
<input checked="" type="checkbox"/> Interconnected 110 v	
<input checked="" type="checkbox"/> CO Detectors 110 v	
Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____	<u>1</u>
Supervisor Devices (i.e., tampers, low/high air) _____	
Signaling Devices (i.e., horn/strobes, bells) _____	
Other Devices _____	
TOTAL _____	<u>1</u>
<b>Suppression System</b>	
Fire Pump _____ GPM Type _____	
Dry Pipe/Alarm Valves _____	
Pre-action Valves _____	
Springler Heads (Dry and Wet) _____	
Standpipes _____	
<b>Pre-engineered Systems</b>	
Wet Chemical _____	
Dry Chemical _____	
CO <sub>2</sub> Suppression _____	
Foam Suppression _____	
FM200 Suppression _____	
Other _____	
<b>Other Systems</b>	
Kitchen Hood Exhaust System _____	
Smoke Control System _____	
Fired Appliances [ ] Gas or [ ] Oil _____	<u>1</u>
Fireplace Venting/Metal Chimney _____	
Other _____	

Administrative Surcharge \$	<u>0</u>
Minimum Fee \$	<u>65</u>
State Permit Surcharge Fee \$	
<b>TOTAL FEE \$</b>	<b><u>65</u></b>



**Gloucester Township**  
**PLUMBING SUBCODE**  
**TECHNICAL SECTION**



Date Received  
 Control #  
 Date Issued  
 Permit #

**3/22/2006**  
**38371**  
 5/01/2006  
**20060779**

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

Block/Lot 17907/43  
 Work Site Location 21 HIGH WOODS AVE

Owner in Fee: MUNS, TYRONE H & LILIBETH V

Tel. (856)309-3878 e-mail \_\_\_\_\_

Address: 21 HIGH WOODS AVENUE ERIAL, NJ, 08081  
Street municipality zip code

Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_

Address: \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX \_\_\_\_\_

**B. PLUMBING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed R-5

Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_

Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Septic \_\_\_\_\_

Est. Cost of Plumbing Work \$ 100

**D. TECHNICAL SITE DATA (List of all fixtures.)**

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Washing Machine	_____
_____	Fuel Oil Piping	_____
<u>1</u>	Gas Piping	<u>65</u>
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot WaterBoiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Grease Trap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____
_____	Other _____	_____

JOB SUMMARY (Office Use Only)						
PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
<input type="checkbox"/> No Plans Required			Type:	Failure	Failure	Approval
Joint Plan Review Required:			Slab	_____	_____	_____
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing			Rough	_____	_____	_____
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Water	_____	_____	_____
<input type="checkbox"/> Plumbing Plans Approved			Sewer	_____	_____	_____
Date: _____			Fixtures	_____	_____	_____
Approved by: _____			Gas Equipment	_____	_____	_____
<b>SUBCODE APPROVAL</b>			Gas Piping	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			LPGas Tank	_____	_____	_____
Date: _____			Fuel Oil Piping	_____	_____	_____
Approved by: _____			Solar	_____	_____	_____
			TCO _____	_____	_____	_____
			_____	_____	_____	_____
			_____	_____	_____	_____

Administrative Surcharge \$	<u>0</u>
Minimum Fee \$	_____
State Permit Surcharge Fee \$	_____
<b>Total Fees \$</b>	<b><u>65</u></b>

Description of Work:  
 finish Basement.

**C. CERTIFICATION IN UEU 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.

Applicant's Signature/Contractor's Seal and Signature  
 Licensed Plumbing Contractor  Exempt Applicant

**Gloucester Township**

1261 Chews Landing Rd  
Laurel Springs, NJ 08021  
(856)374-3500 FAX (856)232-6229

Permit No. **20060779**  
Control No. **38371**  
Block/Lot 17907/43  
Date 3/14/07

**Certificate of Approval**

**IDENTIFICATION**

Block/Lot 17907/43  
Work Site Location 21 HIGH WOODS AVE  
ERIAL, 08081  
Owner in Fee/Occupant MUNS, TYRONE H & LILIBETH V  
Address 21 HIGH WOODS AVENUE  
ERIAL, NJ, 08081  
Telephone (856)309-3878  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ FAX \_\_\_\_\_  
Lic. No. or Bldrs. Reg. No. None  
Federal Emp. No. \_\_\_\_\_

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

**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 \_\_\_\_\_

\_\_\_\_\_  
(James T. Gallagher, Construction Official

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

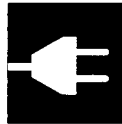
Permit Fee \$ 453  
Paid [ ] Check No. 1527  
Collected by: DS







**Gloucester Township**  
**ELECTRICAL SUBCODE**  
**TECHNICAL SECTION**



Date Received **12/29/2016**

Control # **71652**

Date Issued **1/18/2017**

Permit # **20170100**

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

Block/Lot 17907/43

Work Site Location 21 HIGH WOODS AVE

Owner in Fee: SHAH, MANISHA & DIVIYESH

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address: 21 HIGH WOODS AVE ERIAL, NJ 08081  
Street municipality zip code

Contractor: MAS TEC NORTH AMERICA Tel. (305)213-6859

Address: 609 DOUGLAS RD 10TH FL, CORAL GABLES, FL e-mail ADAM.RAMIREZ@MASTEC.COM

Contractor License No. 34BX00017400- 1/31/20 Exp. Date \_\_\_\_\_

Federal Emp. ID No. 650829357 FAX. (786)270-4591

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed R-5  
 Pole/pad # \_\_\_\_\_  Temporary Service  Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ 499 Description: Install wireless burglar alarm

**C. CERTIFICATION IN UEU 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.

Applicant's Signature/Contractor's Seal and Signature

Licensed Elec Contractor  Cert Landscape Contr  Exempt Applc

**D. TECHNICAL SITE DATA**

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Pole	_____
_____	_____	Motors—Fract. H	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Paints	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
<b>16</b>		<b>TOTAL NUMBERS</b>	\$ <b>50</b>
_____	_____	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 AC Unit	_____
_____	_____	HP/KW Space Heater/Air Handler	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 11+ HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
Date	Initial	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/>		No Plans Required	_____	_____	_____	_____
Joint Plan Review Required:		Rough	_____	_____	_____	_____
<input type="checkbox"/>		Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/>		Trench	_____	_____	_____	_____
<input type="checkbox"/>		Temp. Serv.	_____	_____	_____	_____
<input type="checkbox"/>		Constr. Serv.	_____	_____	_____	_____
Date: _____		TCO	_____	_____	_____	_____
Approved by: _____		Other	_____	_____	_____	_____
		Service	_____	_____	_____	_____
		Final	_____	_____	_____	_____
		Barrier-Free	_____	_____	_____	_____
<b>SUBCODE APPROVAL</b>		Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
<input type="checkbox"/>		CO	_____	_____	_____	_____
<input type="checkbox"/>		CCO	_____	_____	_____	_____
<input type="checkbox"/>		CA	_____	_____	_____	_____
Date: _____		Final Cut-in-Card Date Issued	_____	_____	_____	_____
Approved by: _____		Annual Pool Inspection	_____	_____	_____	_____
		Date of Grounding and Bonding Certification	_____	_____	_____	_____

U.C.C. F120 (rev. 07/105) 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>65</u>
State Permit Surcharge Fee \$	_____
<b>TOTAL FEE \$</b>	<b><u>65</u></b>

**Gloucester Township**

1261 Chews Landing Rd  
Laurel Springs, NJ 08021  
(856)374-3500 FAX (856)232-6229

Permit No. 20170100  
Control No. 71652  
Block/Lot 17907/43  
Date 12/05/17

**Certificate of Approval**

**IDENTIFICATION**

Block/Lot 17907/43  
Work Site Location 21 HIGH WOODS AVE  
ERIAL, 08081  
Owner in Fee/Occupant SHAH, MANISHA & DIVIYESH  
Address 21 HIGH WOODS AVE  
ERIAL, NJ 08081  
Telephone \_\_\_\_\_  
Contractor MAS TEC NORTH AMERICA  
Address 609 DOUGLAS RD 10TH FL  
CORAL GABLES, FL 33134  
Telephone (305)213-6859 FAX \_\_\_\_\_  
Lic. No. or Bldrs. Reg. No. 34BX00017400- 1/31/20  
Federal Emp. No. 650829357

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:  
Install wireless burglar alarm

**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 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 \_\_\_\_\_

\_\_\_\_\_  
James T. Gallagher, Construction Official

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

Permit Fee \$ 66  
Paid  Check No. 160617  
Collected by: CP

**Gloucester Township**

1261 Chews Landing Rd  
Laurel Springs, NJ 08021  
(856)374-3500 FAX (856)232-6229

Permit No. **20230959**  
Control No. **93838**  
Parcel(Block/Lot). **17907/43**  
Applic/Issued. **5/02/23 / 5/23/23**

**Construction Permit**

Work Site Location 21 HIGH WOODS AVENUE, ERIA Contractor... SKYLINE SOLAR LLC/BLDG  
Owner in Fee..... SHAH, MANISHA & DIVIYESH Address..... 4 CROSSROADS DR. Ste 116  
Address..... 21 HIGH WOODS AVE HAMILTON, NJ 08691  
ERIAL, NJ 08081 Phone..... (732)354-3111  
Phone..... (856)261-2330 Lic No..... 13VH06130600 - 3/31/24  
Fed Emp No. 274031553

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:

Solar Panel System - Rooftop

*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: \$18,500

PAYMENTS * (Office Use Only)	
Building .....	<u>\$100</u>
Electrical .....	<u>165</u>
Plumbing .....	<u>0</u>
Fire Protection .....	<u>65</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>35</u>
Certificate of Occupancy	<u>0</u>
Other .....	<u>0</u>
Total .....	<u>\$365</u>
Check#/Cash.....	<u>26411</u>
Paid .....	<u>\$365</u>
Collected By .....	<u>CP</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*







**Gloucester Township**  
**FIRE PROTECTION SUBCODE**  
**TECHNICAL SECTION**

Date Received **5/02/2023**  
 Control # **93838**  
 Date Issued **5/23/2023**  
 Permit # **20230959**



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

Block/Lot 17907/43  
 Work Site Location 21 HIGH WOODS AVENUE

Owner in Fee: SHAH, MANISHA & DIVIYESH  
 Tel. (856)261-2330 e-mail \_\_\_\_\_

Address: 21 HIGH WOODS AVE ERIAL, NJ 08081  
Street municipality zip code

Contractor: SKYLINE SOLAR LLC/BLDG Tel. (732)354-3111

Address: 4 CROSSROADS DR. Ste 116, HAMILTON, NJ 08691 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. 274031553 FAX (732)354-3071

**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 \$ 500

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

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

Applicant's Signature/Contractor's Signature  
 Certified Contractor  Exempt Applicant

**D. TECHNICAL SITE DATA**  
 DESCRIPTION OF WORK:  
 Solar Panel System - Rooftop  
 Water Supply Source \_\_\_\_\_  
 Method of Alarm/Suppression System Supervision \_\_\_\_\_

	FEE (Office Use Only)
Flammable/Combustible Tanks _____	\$ _____
<b>Alarm Systems</b>	
<input type="checkbox"/> System	
<input type="checkbox"/> Interconnected 110 v	
<input type="checkbox"/> 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	_____
<b>Suppression System</b>	
Fire Pump _____ GPM Type _____	_____
Dry Pipe/Alarm Valves _____	_____
Pre-action Valves _____	_____
Sprinkler Heads (Dry and Wet) _____	_____
Standpipes _____	_____
<b>Pre-engineered Systems</b>	
Wet Chemical _____	_____
Dry Chemical _____	_____
CO <sub>2</sub> Suppression _____	_____
Foam Suppression _____	_____
FM200 Suppression _____	_____
Other _____	_____
<b>Other Systems</b>	
Kitchen Hood Exhaust System _____	_____
Smoke Control System _____	_____
Fired Appliances [ ] Gas or [ ] Oil _____	_____
Fireplace Venting/Metal Chimney _____	_____
Other <b>Solar Panels</b> _____ <b>1</b>	_____ <b>65</b>

Administrative Surcharge \$ 0  
 Minimum Fee \$ \_\_\_\_\_  
 State Permit Surcharge Fee \$ \_\_\_\_\_  
**TOTAL FEE \$ 65**

U.C.C. F120 (rev. 07/105) Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

**Gloucester Township**

1261 Chews Landing Rd  
Laurel Springs, NJ 08021  
(856)374-3500 FAX (856)232-6229

Permit No. **20230959**  
Control No. **93838**  
Block/Lot **17907/43**  
Date **7/19/23**

**Certificate of Approval**

**IDENTIFICATION**

Block/Lot 17907/43  
Work Site Location 21 HIGH WOODS AVENUE  
ERIAL, 08081  
Owner in Fee/Occupant SHAH, MANISHA & DIVIYESH  
Address 21 HIGH WOODS AVE  
ERIAL, NJ 08081  
Telephone (856)261-2330  
Contractor SKYLINE SOLAR LLC/BLDG  
Address 4 CROSSROADS DR. Ste 116  
HAMILTON, NJ 08691  
Telephone (732)354-3111 FAX  
Lic. No. or Bldrs. Reg. No. 13VH06130600- 3/31/24  
Federal Emp. No. 274031553

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:  
Solar Panel System - Rooftop

**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 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 \_\_\_\_\_

\_\_\_\_\_  
(James T. Gallagher, Construction Official)

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

Permit Fee \$ 365  
Paid [ ] Check No. 26411  
Collected by: CP