

| Proj | perty Information | Request Informa | tion | Update Information |
|-----------------|---------------------------|-----------------------|------------|--------------------|
| File#: | BS-W01469-9051326876 | Requested Date: | 10/25/2023 | Update Requested: |
| Owner: | MANISHA SHAH | Branch: | | Requested By: |
| Address 1: | 21 High Woods Ave | Date Completed: | | Update Completed: |
| Address 2: | | # of Jurisdiction(s): | | |
| City, State Zip | : Gloucester Township, NJ | # of Parcel(s): | 1 | |

| | Notes |
|---------------------|---|
| CODE VIOLATIONS | Per Town of Gloucester Department of Zoning there are no Code Violation cases on this property. |
| | Collector: Gloucester Township Clerk Address: 1261 Chews Landing-Clementon Road Business# 856-228-4000 |
| PERMITS | Per Town of Gloucester Department of Building there are no Open/Pending/ Expired Permit on this property. |
| | Collector: Gloucester Township Clerk Address: 1261 Chews Landing-Clementon Road Business# 856-228-4000 NOTE: There is one Building Violation on this property, Please refer to the attached document for more information. Please contact Gloucester Township Clerk department at 856-374-3500 for further queries. |
| SPECIAL ASSESSMENTS | Per Town of Gloucester Finance Department there are no Special Assessments/liens on the property. |
| | Collector: Gloucester Township Clerk Address: 1261 Chews Landing-Clementon Road Business# 856-228-4000 |
| DEMOLITION | NO |



MORTGAGE CONNECT

UTILITIES

Water: Account #: N/A Payment Status: N/A Status: N/A Amount: N/A Good Thru: N/A Good Thru: N/A Account Active: N/A Collector: Gloucester Township Hall Address: 1261 Chews Landing-Clementon Road Business# 856-228-4000 NOTE: UNABLE TO PROVIDE INFO TO THIRD PARTIES. HOMEOWNER AUTHORIZATION NEEDED.

Sewer:

Account #: 180131-0 Payment Status: DELINQUENT Status: Pvt & Lienable Amount: \$184.00 Good Thru: 11/30/2023 Account Active: YES Collector: Gloucester Twp Utilities Payable Address: 71 Landing Rd, Blackwood, NJ 08012 Business # (856) 227-8666 UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

Garbage: Garbage bills are included in the real estate property taxes.



Code Enforcement Unit 1261 Chews Landing Road, Laurel Springs, NJ 08021 <u>Codeenforcement@glotwp.com</u> 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

DEDICATED TO SERVICE

COMMITTED TO EXCELLENCE



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

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)

Contractor

Identification

Work Site 21 HIGH WOODS AVENUE 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 |
|----------------|---------|---------------------|---------|--------------------|---------|
| | | | | I — | |

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

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

| | Con | struction Per | mit | |
|---|--|---|---|---|
| Work Site Location 21 HIGH WOODS AVE, Erial | | | ractor | |
| Owner in FeePaparone Homes of New Jersey Inc.Address1111 Marlkress Road | | ersey Inc. Addr | ess | |
| | erry Hill, NJ 08003 | Lic N | ie lo Emp No. | |
| Permission is here | by granted to do the | following work: | | |
| ☑ BUILDING ☑ ELECTRIC ☑ ELEVATOR | ☑ PLUMBING ☑ FIRE □ MECHANICAL | □ DEMOLITION □ ASBESTOS ABATE □ LEAD HAZARD AB/ | | |
| Description of Wor Single Family Dwe | k: elling, Lexington Mode | el | PAYMENTS * (Office Use Building Electrical Plumbing Fire Protection | <u>\$1047</u> <u>119</u> <u>340</u> <u>175</u> |
| 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. | | | Elevator Devices Mechanical State Training Fee Certificate of Occupancy Other | 0 0 78 50 0 |
| Estimated Cost of | Work: <u>\$92,970</u> | | Total Check#/Cash······ | <u>\$1809</u> |
| Construction Official | ſ | Date | Paid ····· Collected By ····· | <u>\$1809</u> |
| | equired inspections may i required before final pay | | | |

U.C.C. F190 (Rev. 3/96)

An approved set of plans must be kept at the worksite at all times





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

Date Receive 8/17/2001 24263 Control #

Date Issued 8/30/2001 Permit # 20011286

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.

| Work Site Location 21 HIGH WOODS AVE | |
|---|--|
| | Signature D.TECHNICAL SITE DATA |
| Owner in Fee: Paparone Homes of New Jersey Inc. | DESCRIPTION OF WORK |
| Tel(856)424-7000 e-mail | Single Family Dwelling, Lexington Model |
| Address: <u>1111 Marlkress Road</u> Cherry Hill, NJ 08003 | |
| | |
| Address: 'e-mail | |
| Contractor License No Exp. Dat | e |
| Federal Emp. ID No FAX | |
| JOB SUMMARY (Office Use Only) | |
| [] No Plans Required Type: Failure F [] All Footing F [] Foindation Foundation [] Frame Slab [] Other Slab Joint Plan Review Recuired Barrier-Free [] Elec. [] Plumb [] Fire [] Elevator Insulation | es (Month/Day) Failure Approval Inital TYPE OF WORK FEE (Office Use Only) Addition Addition Addition Rehabilation Rehabilation Siding Siding Fence Height (exceeds 6') Sign Sq. Ft. Pool Asbestos Abatement Subchapter 8_ Lead Haz. Abatement NJAC 5:17 Radon Remediation |
| Constr Class Present Proposed 1. New | abilitation \$ Minimum Fee \$ |
| Volume of New Structure | |

| | Gloucester Township |
|------------|---------------------|
| | ELECTRICAL SUBCODE |
| NEW JERSEY | TECHNICAL SECTION |

Block/Lot 17907/43

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING



 Date Receive
 8/17/2001

 Control #
 24263

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

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.

| Address: | Work Site Location 21 HIGH WOOL | DS AVE | | |
|---|--|---|---|-----------------------|
| Owner in Fee: Paradia Profes on New Jarsey Inc. I. (855)424-700 e-mail Address: 1111 Markress Road Contractor: | | | Applicant's Signature/Contractor's Seal and Signature | |
| Tail Diffective Carlow FEE (Office Use O Address: 1111 Markress Road Cherry Hill, NJ 08003 Cort Size Lighting Fixtures Switches Exposure Contractor: | Owner in Eee. Paparone Homes of Ne | ew Jersey Inc. | | Exempt Applc |
| Address: 1111 Marlkress Road Cherry Hill, NJ 08003 Lighting Fixtures Contractor: Teil Brows Receptacles Address: e-mail Detectors Contractor License No. Exp. Date Light Pole Motors—Fract. H Energency & Exit Lights Commutations Plants B: ELECTRICAL CHARACTERISTICS Proposed R-3 Delepad # Temporary Service Other TOTAL NUMBERS B: Light Pole Motors—Fract. H Energency & Exit Lights Contructor of Lice. Work \$ 2940 Descript: Single Family Dwelling, Lexington Model TOTAL NUMBERS Voide Biology Present Opto: Failure TOTAL NUMBERS S Cold B: UMMARY (office Use Only) INSPECTIONS Dates (Month/Day) KW Elec. Range/Receptacle Voide Plan Review Required: Barrier-Frae Hill For Approval Initial KW Voide: Chart Act Plant I of I plan Review Required: Barrier-Frae Hill For Approval Initial KW Discoval Heat I of I plan Review Required: Barrier-Frae Hill For Approval Initial KW Cleant Act Plant I of I plan Review Required: Barrier-Frae Hill For Approv | | | | |
| Contractor: | | | - QTY. SIZE TIEMS | FEE (Office Use Only) |
| Contractor: | Address: <u>1111 Marlkress Road</u> | | | |
| Address: | Contractor | Tel | - | |
| Contractor License No. Exp. Date Light Pole Federal Emp. ID No. FAX. Motors—Fract. H B. ELECTRICAL CHARACTERISTICS Proposed R3 Alarm Devices/F.A.C. Panel Jse Group Present Temporary Service Other Building Occupied as Utility Co. TOTAL NUMBERS S Suiding Occupied as Utility Co. Total Numbers S Joint Plan Review (Office Use Only) INSPECTIONS Dates (Month/Day) KW Elec. Water Heater [] No Plans Required: Rough Type: Failure Failure Approval KW Elec. Unter Heater [] Building [] Plumbing Trench HP/Grahage Disposal HP/KW Space Heater/Air Handler [] I Blee, Plans Approved Constr. Serv. HP/KW Space Heater/Air Handler [] I Blee, Plans Approved Constr. Serv. HP/KW Space Heater/Air Handler [] I Blee, Plans Approved Constr. Serv. HP/KW Space Heater/Air Handler | | | Owned | |
| Contractor License No. | Address: | e-mail | | |
| Federal Emp. ID No. | Contractor License No. | Exp. Date | - | |
| B. ELECTRICAL CHARACTERISTICS Proposed R-3 Alarm Devices/F.A.C. Panel Use Group Present Temporary Service Other TOTAL NUMBERS \$ Building Occupied as Utility Co. Descript: Single Family Dwelling, Lexington Model TOTAL NUMBERS \$ JOB SUMMARY (Office Use Only) Post Partitivith UW Lights Storable Pool/Spa/Hot Tub \$ PLAN REVIEW INSPECTIONS Dates (Month/Day) KW Elec. Range/Receptacle \$ Joint Plan Required: Rough Torach HP Garbage Disposal \$ I) Building [] Plumbing Trench HP Garbage Disposal \$ \$ [] 1 Seice: Ternch HP Garbage Disposal \$ \$ [] 1 Bilding [] Plumbing Tench HP Garbage Disposal \$ \$ [] 1 Bilding [] Plumbing Tench HP Garbage Disposal \$ \$ [] 1 Bilding [] Plumbing Tench HP Garbage Disposal \$ \$ [] 1 Bilding [] Plumbing Tench HP Motors 11+ HP \$ \$ [] 2 Elec. Plans Approved Constr. Serv. \$ \$ \$ \$ \$ | Federal Emp. ID No | FAX. | | |
| Use Group Present Proposed R-3 Alarm Devices/F.A.C. Panel Delefpad # Image: Temporary Service Other TOTAL NUMBERS S Building Occupied as Descript: Single Family Dwelling, Lexington Model TOTAL NUMBERS S JOB SUMMARY (Office Use Only) Descript: Single Family Dwelling, Lexington Model KW Elec. Range/Receptacle | | | | |
| Building Occupied as | | | Alarm Devices/F.A.C. Panel | |
| Est. Cost of Elec. Work \$ 2940 Descript: Single Family Dwelling, Lexington Model Pool Permit/With UW Lights JOB SUMMARY (Office Use Only) INSPECTIONS Dates (Month/Day) KW Elec. Range/Receptacle PLAN REVIEW INSPECTIONS Dates (Month/Day) KW Elec. Water Heater |] Pole/pad # | Temporary Service Other | | |
| Storable Pool/Spa/Hot Tub | Building Occupied as | Utility Co | | \$ |
| JOB SUMMARY (Office Use Only) INSPECTIONS Dates (Month/Day) KW Elec. Range/Receptacle PLAN REVIEW Date Initial Type: Failure Failure Approval Inital KW Elec. Dryer/Receptacle []] No Plans Required Barrier-Free | Est. Cost of Elec. Work \$2940 | Descript: Single Family Dwelling, Lexington Model | | |
| JOB SUMMARY (Office Use Only) INSPECTIONS Dates (Month/Day) KW Oven/Surface Unit | | | | |
| PLAN REVIEW INSPECTIONS Dates (Month/Day) | JOB SUMMARY (Office Use Only) | | | |
| [] No Plans Required Type: Failure Failure Approval Inital | PLAN REVIEW | INSPECTIONS Dates (Month/Day) | | |
| Joint Plan Review Required: Rough | | | | |
| Joint Plan Review Reduired: Barrier-Free | | | | |
| Image: Intercht Image: Intercht Image: | | Barrier-Free | — | |
| [] Elec. Plans Approved Constr. Serv. | | | KW Central AC Unit | |
| TCO | | · · · · · · · · · · · · · · · · · · · | - HP/KW Space Heater/Air Handler | |
| Approved by: Other Image: Constrained and the second and the seco | 1 | | KW Baseboard Heat | |
| Approved by: | | | HP Motors 11+ HP | |
| Final | Approved by: | | | |
| SUBCODE APPROVAL [] CO [] CO <td></td> <td>Final</td> <td></td> <td></td> | | Final | | |
| SUBCODE APPROVAL [] CO [] CO <td></td> <td>Barrier-Free</td> <td></td> <td></td> | | Barrier-Free | | |
| Final Cut-in-Card Date Issued | | Temp. Cut-in-Card Date Issued | | |
| | | | | |
| | D 4.0. | · | | |
| Approved by: Date of Grounding and Bonding Administrative Surcharge \$ Minimum Fee \$ | Approved by: | Date of Grounding and Bonding Certification | Administrative Surcha | • |
| U.C.C. F120 (rev. 07105) Applicant When submitting this term to your Local construction code Enforcement Officeplease provide Internet version State Permit Surcharge Fee \$ | U.C.C. F120 (rev. 07105) Applicant: When submitting this term to your Local co Internet version one original plus three photocopies | onstruction code Enforcement Officeplease provide | | |
| | | | | |

Gloucester Township FIRE PROTECTION SUBCODE NEW JERSEY **TECHNICAL SECTION** UNIFORM CONSTRUCTO CODE

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

21 HIGH WOODS AVE Work Site Location

| Owner in Fee: Tel. (856)424-7 | Paparone Homes of | • | |
|----------------------------------|--------------------------|----------------------------------|--|
| Tel. (000)+2+-7 | | e-mail | |
| Address: 11 | 11 Marlkress Road | Cherry Hill, NJ | |
| | | municipalit | |
| Contractor: | | | Tel |
| Address: | ····· | | e-mail |
| Fire Protection ed | quipment, NJ Div of Fire | Safety Permit No | |
| Fire Protection eq | uipment, NJ Div of Fire | Safety Installer No. | |
| Fire Alarm Contra | actor No. | | Exp. Date |
| Federal Emp. ID I | No. | | FAX |
| | | | |
| | TION CHARACTERIST | | Fire Alarma Sustana (1 New OD (1 Eviatio |
| Use Group I | Present Pre | oposed | Fire Alarm System: [] New OR [] Existin |
| | Present Present | | 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 Ta | ank | | |
| | | mbustible 🛛 No | ne Capacity |
| Total Cost of Fire | Protection Work \$ | 200 | |
| JOB SUMMARY | (Office Use Only) | INSPECTIONS | Dates (Month/Day) |
| PLAN REVIEW | | Type: | Failure Failure Approval Inital |
| [] No Plans R | Required | Alarm System | |
| Joint Plan Review | w Required: | Suppression Sys | |
| [] Building | [] Plumbing | Standpipe | |
| [] Fire | [] Elevator | Fire Pump | |
| [] Fire Plans | Approved | Pre-Eng. System | · · · · · · · · · · · · · · · · · · · |
| Date: | | Mechanical | |
| Approved by: | | Smoke Control Flam/Combust Ta | anks |
| SUBCODE APPI | | TCO | |
| |] CCO [] CA | Fireplace Venting | g |
| 2410. | | Final | |
| Approved by: | | Other | |

Date Received 8/17/2001 24263 Control #

8/30/2001 Date issued 20011286

Permit #

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

| Analise 4 O | | a at a dia Oliana a | 4 |
|---------------------------------------|----------------|------------------------------|-----------------------|
| Applicant's S | ignature/Contr | Exempt Ap | |
| D.TECHNICAL SITE DATA | | | |
| DESCRIPTION OF WORK: | | | |
| Single Family Dwelling, Lexington Mod | lel | | |
| | | | |
| Water Supply Source | | | |
| Method of Alarm/Suppression Sys | stem Supervisi | on | |
| | | | FEE (Office Use Only) |
| Flowmahle (Combustible Tople | | | |
| Flammable/Combustible Tanks | | | \$ |
| Alarm Systems | | | |
| ☐ System ☐ Interconnected 110 v | | | |
| | | | |
| CO Detectors 110 v | | | |
| Alarm Devices (i.e., smoke, heat, | pulis, | | |
| water/flow | law/high air) | | |
| Supervisor Devices (i.e., tampers | | | <u>.</u> |
| Signaling Devices (i.e., horn/strob | es, dells) | [| |
| Other Devices | | | |
| TOTAL | | | |
| Suppression System | | | |
| | e | | |
| Dry Pipe/Alarm Valves | | | -14= - |
| Pre-action Valves | | | |
| Springler Heads (Dry and Wet) | | | |
| Standpipes | | | |
| Pre-engineered Systems | | 1 | |
| Wet Chemical | | | |
| Dry Chemical | | | |
| CO ₂ Suppression | | | |
| Foam Suppression | | | |
| FM200 Suppression | | | |
| Other | | | |
| Other Systems | | | |
| Kitchen Hood Exhaust System | | | |
| Smoke Control System | | | |
| - |] Oil | | |
| Fireplace Venting/Metal Chimney | | | |
| Other | | | |
| [| Administral | | 0 |
| | Automistrat | tive Surcharge Minimum Fe | |
| | State Dermit (| | |
| | State Permit S | • | |
| | | TOTAL FE | Ξ\$ |

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



Gloucester Township PLUMBING SUBCODE TECHNICAL SECTION



Date Received Control #

24263

8/17/2001

Date Issued Permit #

8/30/2001 20011286

| A. IDENTIFICATION—APPLICANT: COMPL CONTRACTORS, NOTIFY THIS OFFICE. C | | | GING | D.TECHNICAL SITE DATA NO. FIXTURE/E | (List of all fixtures.) QUIPMENT | FEE (Office Use Only) |
|---|---|---|------|--|--|-----------------------|
| Block/Lot 17907/43 Work Site Location 21 HIGH WOODS AVE | | | | | | |
| Owner in Fee: Paparone Homes of New Tel. (856)424-7000 | v Jersev Inc | | | Lavatory | | |
| Address: 1111 Marlkress Road | Cherry Hill, NJ 08003 | zip code | | Floor Drain Sink | | |
| Contractor: Address: Contractor License No Federal Emp. ID No B. PLUMBING CHARACTERISTICS | Tel e-mail Exp FA) Proposed R ublic Sewer ublic Water D INSPECTIONS | Date Date Z Private Septic Private Septic | | Drinking Fou Hose Bibb Water Heate Washing May Fuel Oil Pipi Gas Piping LP Gas Tank Steam Boiler Hot WaterBo Sewer Pump Interceptor/S Backflow Pre Grease Trap Sewer Conne Water Servic Stacks Other | r chine ng iler eparator venter ection | |
| Approved by: | Gas Equipment Gas Piping LPGas Tank Fuel Oil Piping Solar TCO | | | Description of Work: Single Family Dwelling, Lexi | State Permit Surcharge Fee \$ Total Fees \$ | |

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

U.C.C. F130 (rev. 07/05) Internet version

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

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

17007/40

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 | | | | |
| Work One Location | ERIAL, 08081 | | | | |
| Owner in Fee/Occupant | Paparone Homes of New Jersey Inc. | | | | |
| A data a s | 1111 Marlkress Road | | | | |
| Address | Cherry Hill, NJ 08003 | | | | |
| . <u>.</u> | (856)424-7000 | | | | |
| Telephone | | | | | |
| Contractor | | | | | |
| Address | | | | | |
| Telephone | FAX | | | | |
| Lic. No. or Bldrs. Reg. N | o. None | | | | |
| Federal Emp. No. | | | | | |

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 conditionsmust be met no later thanor the owner will be subject toto 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

| Permit Fee \$ | 1,809 |
|-------------------|-------|
| Paid [] Check No. | |
| Collected by: | |

(James T. Gallagher, Construction Official

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

Gloucester Township 1261 Chews Landing Rd Laurel Springs, NJ 08021

(856)374-3500 FAX (856)232-6229

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

| | Con | struction Permit | | |
|------------------------------------|--|--|---|--|
| Work Site Location | 21 HIGH WOODS A | AVE Contractor | | |
| | MUNS, TYRONE H & LILIB 21 HIGH WOODS AVE | | <u></u> | |
| | FRIAL N.L 08081 | Phone | | |
| Phone | (856)309-3878 | Lic No | | |
| Permission is h | nereby granted to do the | following work: | | |
| | | | | |
| Ø ELECTRIC □ ELEVATOR | ☑ FIRE □ MECHANICAL | □ ASBESTOS ABATEMENT □ LEAD HAZARD ABATEMEN | | |
| Description of \ finish Basemer | | | PAYMENTS * (Office Use Building Electrical Plumbing Fire Protection Elevator Devices | <u>\$240</u> <u>65</u> 65 |
| | ion does not commence withi ance or if construction cease this permit is Void. | | Mechanical State Training Fee Certificate of Occupancy Other | <u>65</u> <u>0</u> <u>18</u> <u>0</u> <u>0</u> |
| | t of Work: <u>\$13,600</u> | | Total | <u>\$453</u> |
| Estimated Cos | | | | |
| Estimated Cos | | | Check#/Cash······ | <u>1527</u> \$453 |

An approved set of plans must be kept at the worksite at all times



Gloucester Township BUILDING SUBCODE TECHNICAL SECTION



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

Block/Lot17907/43

3/22/2006 Date Receive 38371 Control #

Date Issued 5/01/2006 Permit # 20060779

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.

| Work Site Location 21 HIGH WOODS AVE | |
|---|--|
| | Signature D.TECHNICAL SITE DATA |
| Owner in Fee: MUNS, TYRONE H & LILIBETH V | DESCRIPTION OF WORK |
| Tel. (856)309-3878 e-mail | finish Basement. |
| Address: 21 HIGH WOODS AVENUE ERIAL, NJ, 08081 | |
| Contractor: Tel | _ |
| Address: , e-mail | |
| Contractor License No. 13VH06107200 Exp. Date 3/31/24 | |
| Federal Emp. ID No FAX | |
| JOB SUMMARY (Office Use Only) | |
| PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day) | |
| [] No Plans Required Type: Failure Failure Approval Inital [] All Footing | _ TYPE OF WORK FEE (Office Use Only) |
| [] Footing Footing Bonding | - New Building |
| Foundation Foundation | Addition |
| Slab Slab | |
| Frame | - Roofing |
| | Siding |
| Joint Plan Review Recuired Barrier-Free [] Elec. [] Plumb [] Fire [] Elevator Insulation | Height (exceeds 6') |
| Finishes-Base Layer | |
| SUBCODE APPROVAL Finishes-Final | - Pool |
| []CO []CCO []CA Energy | - Asbestos Abatement Subchapter 8_ |
| Date: Mechanical | |
| Approved by: TCO | Lead Haz. Abatement NJAC 5:17 |
| Final | Radon Remediation Other finished basement 240 |
| | Other_finished basement 240 Demolition |
| BUILDING CHARACTERISTICS Ise Group Present R-5 Proposed Est. Cost of Bldg. Work : | |
| 1 Now Pida | Administrative Surcharge \$0 |
| onstr. Class Present Proposed 2 Rehabilitation \$ | |
| lo. of Stories 3. Total (1+2) \$ 10,000 | State Permit Surcharge Fee \$ |
| eight of Structure FT | TOTAL FEE \$ 240 |
| rea - Largest Floor Sq. Ft. | |
| ew Bldg. Area/All Floors Sq. Ft. | U.C.C. F130 (rev. 07/05) Applicant: When submitting this term to your Local construction code Internet version Enforcement Office, please provide one original plus three photocopies |
| olume of New Structure Cu. Ft. | |
| otal Land Area Disturbet Sq. Ft. | |

| | Gloucester Township |
|------------|---------------------|
| | ELECTRICAL SUBCODE |
| NEW JERSEY | TECHNICAL SECTION |

Block/Lot 17907/43



Date Receive 3/22/2006 38371 Control # 5/01/2006 Date Issued

20060779 Permit #

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.

| Work Site Location 21 HIGH WOOD | DS AVE | | | | | | | | |
|---|---|---------------|-------------|--------|-------------------|-----------------------------|--------------------------|-----------|---------------|
| | | | | | | Signature/Contractor's | - | | |
| Owner in Fee: MUNS, TYRONE H & LI | LIBETH V | | | | License | ed Elec Contractor | Cert Landscape Contr | Exempt / | Apple |
| Tel. (856)309-3878 | | | | | D.TECHNIC QTY. | CAL SITE DATA SIZE ITEMS | | FEE (Offi | ice Use Only) |
| Address: 21 HIGH WOODS AVEN | UE ERIAL, NJ, 08081 | | zip code | | 23 | Lighting Fi | | | |
| Contractor: | · · | Tel | · | | 23 | Receptacle | es | | |
| | | | | | _6 | Switches | | | |
| Address: | e- | mail | | | | Detectors | | | |
| Contractor License No. | | Exp. Date _ | | | | Light Pole | reat LI | | |
| Federal Emp. ID No. | | FAX | | | | Motors—F | y & Exit Lights | | |
| B. ELECTRICAL CHARACTERISTICS | | | | | | | ations Paints | | |
| Use Group Present | Proposed | R-5 | | | | | ices/F.A.C. Panel | | |
| Pole/pad # | Temporary Service | Other | | | | | | | |
| Building Occupied as | Utility Co | | | | 52 | TOTAL NU | IMBERS | \$ | 65 |
| Est. Cost of Elec. Work \$ | Descript: finish Basemen | t. | | | | Pool Perm | it/with UW Lights | | |
| | | | | | | Storable P | ool/Spa/Hot Tub | | |
| JOB SUMMARY (Office Use Only) | | | | | | | Range/Receptacle | | |
| PLAN REVIEW | INSPECTIONS | Dates (N | Month/Day) | | | | Surface Unit | | |
| Date Initial | | | | | | | Nater Heater | | |
| [] No Plans Required | | Failure Failu | re Approval | Inital | | | Dryer/Receptacle | · | |
| Joint Plan Review Required: | Rough Barrier-Free | | | | | KW Dishwa | | | |
| [] Building [] Plumbing | Trench | | | | | | ge Disposal | | |
| [] Fire [] Elevator | Temp. Serv. | | | | | KW Centra | ace Heater/Air Handler | | |
| [] Elec. Plans Approved | Constr. Serv. | | | | | KW Baseb | | | |
| Date: | тсо | | | | | HP Motors | | | |
| Approved by: | Other | | | | | | ormer/Generator | | |
| | Service | | | | | AMP Servi | | | |
| | Final | | | | | AMP Subp | | | |
| SUBCODE APPROVAL | Barrier-Free | | | | | AMP Moto | r Control Center | | |
| | Temp. Cut-in-Card Date | ssued | | | | KW Elec. S | Sign/Outline Light | | |
| | Final Cut-in-Card Date Is | sued | | | | | | | |
| Date: | Annual Pool Inspection | | | | | | | | |
| Approved by: | Date of Grounding and Bo Certification | onding | | | | | Administrative Surchar | - | |
| U.C.C. F120 (rev. 07105) Applicant When submitting this term to your Local co | | | | | | | | | |
| Internet version one original plus three photocopies | | | | | | | State Permit Surcharge F | | 65 |
| | | | | | | | TOTAL FE | -F \$ | |

Gloucester Townshi FIRE PROTECTION S)E IEW JERSEY **TECHNICAL SECTION** CODE

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 21 HIGH WOODS AVE Work Site Location

| Owner in Fee: MUNS, TYRONE H & LI | | | | | |
|--|-----------------------|--------------|-------------|-------------|-----------|
| Owner III 1 cc. | | | | | |
| Tel. (856)309-3878 | e-mail | | | | |
| Address: 21 HIGH WOODS AVENUE | · · · · · | | | | |
| Street | municipality | | | zip code | |
| Contractor: | 4. 199 1 9 | Tel. | <u> </u> | | |
| Address: | | e-mail | | | |
| Fire Protection equipment, NJ Div of Fire Sa | fety Permit No. | | | | |
| Fire Protection equipment, NJ Div of Fire Sa | fety Installer No. | | | | |
| Fire Alarm Contractor No. | | | Exp. Date | e | |
| Federal Emp. ID No. | | FAX | | | |
| | | | | | |
| B. FIRE PROTECTION CHARACTERISTIC: Use Group Present Prop | | re Alarm Sv | stem: [] | New OR[| 1 Existin |
| | | - | | | 1 |
| Constr. Class Present Prop | | cation of Pa | | | |
| Heating System New Existing I | | | ion/Stand | pipe System | |
| Type 🗹 Gas 🗆 Oil 🔲 Electric 🔲 | Solar 🛛 Other | | | | nie |
| Other | Lo | cation of Ma | ain Control | Valve: | |
| Location | | | | | |
| Fuel Storage Tank | | | | | |
| Fuel Type 🛛 Flamable 🗍 Coml | | Capac | ity | | |
| Total Cost of Fire Protection Work \$ | 1000 | | | | |
| JOB SUMMARY (Office Use Only) | INSPECTIONS | [| Dates (Mor | nth/Day) | |
| PLAN REVIEW | Туре: | Failure | Failure | Approval | Inital |
| [] No Plans Required | Alarm System | | | | |
| Joint Plan Review Required: | Suppression Sys. | | | | |
| [] Building [] Plumbing | Standpipe | | <u> </u> | | |
| [] Fire [] Elevator | Fire Pump | | | | |
| [] Fire Plans Approved | Pre-Eng. System | | | | |
| Date: | Mechanical | | <u> </u> | <u> </u> | |
| Approved by: | Smoke Control | | | | |
| SUBCODE APPROVAL | Flam/Combust Tanks | \$ | <u> </u> | | |
| | TCO | | | | |
| Date: | Fireplace Venting | | | | |
| | Final | | <u> </u> | | |
| Approved by: | Other [*] | | | | |

Date Received 3/22/2006 38371 Control #

5/01/2006 Date Issued 20060779 Permit #

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

| | gnature/Contra | | | |
|---|----------------|-------------|-----------------|-------|
| Certified Contractor | | Exempt Ap | plicant | |
| D.TECHNICAL SITE DATA DESCRIPTION OF WORK: finish Basement. | | | | |
| | | | | |
| Water Const. Course | | | | |
| Water Supply Source Method of Alarm/Suppression Sys | tem Supervisio | n | | |
| | | | | |
| | | | FEE (Office Use | Only) |
| Flammable/Combustible Tanks | | | \$ | |
| Alarm Systems | | | | |
| ☐ System ☑ Interconnected 110 v | | | | |
| P CO Detectors 110 v | | | | |
| Alarm Devices (i.e., smoke, heat, | nulle | | | |
| water/flow | puno, | 1 | | |
| Supervisor Devices (i.e., tampers, | low/high air) | | - | |
| Signaling Devices (i.e., horn/strob | | | | |
| Other Devices | . , | | | |
| TOTAL | | | ····· | |
| Suppression System | | | | |
| Fire Pump GPM Typ | e | | | |
| Dry Pipe/Alarm Valves | | | | |
| Pre-action Valves | | | | |
| Springler Heads (Dry and Wet) | | | | |
| Standpipes | | — | | |
| Pre-engineered Systems | | | | |
| Wet Chemical | | | | |
| Dry Chemical CO ₂ Suppression | | | | |
| Foam Suppression | | | | |
| FM200 Suppression | | | | |
| Other | | | | |
| Other Systems | | | | |
| Kitchen Hood Exhaust System | | | | |
| Smoke Control System | | | | |
| Fired Appliances [] Gas or [|] Oil | _1 | | |
| Fireplace Venting/Metal Chimney | | | | |
| Other | | | | |
| ſ | Administrati | ve Surcharg | e\$ | 0 |
| | | Vinimum Fe | 6 | 5 |
| | State Permit S | | | |
| | | TOTAL FE | - | 5 |
| | | TOTALLE | -Ψ | |

U.C.C. \$120 (rev. 07105) Applicant: When submitting this term to your Local construction code Enforcement Office, please provide Internet version one original plus three photocopies

| n | | | |
|---|---|----|------------|
| p | | ~~ | \ _ |
| U | B | C | טנ |
| | | | |



Gloucester Township PLUMBING SUBCODE TECHNICAL SECTION



Date Received Control # 3/22/2006 38371

5/01/2006

Date Issued Permit # 2

20060779

| A. IDENTIFICATION—APPLICANT: COMP CONTRACTORS, NOTIFY THIS OFFICE. (Block/Lot 17907/43 Work Site Location 21 HIGH WOOD Owner in Fee: MUNS, TYRONE H & LII Coll (856)309-3878 Address: 21 HIGH WOODS AVENUE Street Contractor: | CALL UTILITY DIG NO: 1 S AVE _IBETH V e-mail | 1-800-272-1 | | zip code | | NO. | ICAL SITE DATA FIXTURE/E Water Closet Urinal/Bidet Bath Tub Lavatory Shower Floor Drain Sink Dishwasher Drinking Four Hose Bibb | | FEE (Office Use Only |
|--|---|-------------|------------------------|--------------|--------|-------------|--|---|----------------------|
| Contractor License No | | | | | | | Water Heater Washing Mad | | |
| . PLUMBING CHARACTERISTICS Jse Group PresentP Juilding Sewer SizeP Vater Service SizeP st. Cost of Plumbing Work \$10 | ublic Sewer | P P | rivate Se rivate Se | ptic ptic | | · | Fuel Oil Pipin Gas Piping LP Gas Tank Steam Boiler Hot WaterBo | | 65 |
| JOB SUMMARY (Office Use Only) PLAN REVIEW Date Initial | INSPECTIONS | [| Dates (Mo | nth/Day) | | | Sewer Pump Interceptor/S Backflow Pre | eparator | |
| [] No Plans Required Joint Plan Review Required: [] Building [] Plumbing [] Fire [] Elevator [] Plumbing Plans Approved Date: | Type: Slab Rough Water Sewer Fixtures | Failure | Failure | Approval | Inital | | Grease Trap Sewer Conne Water Servic Stacks Other | ection | |
| Approved by: | Gas Equipment Gas Piping LPGas Tank | | | | | | | Administrative Surcharge \$ Minimum Fee \$ | 0 |
| []CO []CCO []CA Date: | Fuel Oil Piping Solar TCO | | | | | Descripti | on of Work: | State Permit Surcharge Fee \$ Total Fees \$ | 65 |
| Approved by: | | | | | | finish Base | ment. | | |

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

U.C.C. F130 (rev. 07/05) Internet version Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

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

17007/42

Permit No.**20060779**Control No.**38371**Block/Lot17907/43Date3/14/07

Certificate of Approval

IDENTIFICATION

| Block/Lot | 1/90//43 |
|---------------------------|-----------------------------|
| Work Site Location | 21 HIGH WOODS AVE |
| Work One Education | ERIAL, 08081 |
| Owner in Fee/Occupant | MUNS, TYRONE H & LILIBETH V |
| Address | 21 HIGH WOODS AVENUE |
| Address | ERIAL, NJ, 08081 |
| Telephone | (856)309-3878 |
| · | |
| Contractor | · · · · · |
| Address | |
| Telephone | FAX |
| Lic. No. or Bldrs. Reg. N | o. 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.

11----

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

| Permit Fee | \$ |
|---------------|---------|
| Paid [] Ch | eck No. |
| Collected by: | |

| 453 | |
|------|--|
| 1527 | |
| DS | |

(James T. Gallagher, Construction Official

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

Gloucester Township 1261 Chews Landing Rd Laurel Springs, NJ 08021

Laurel Springs, NJ 08021 (856)374-3500 FAX (856)232-6229
 Permit No.
 20170100

 Control No.
 71652

 Parcel(Block/Lot).
 17907/43

 Applic/Issued.
 12/29/16 / 1/18/17

Construction Permit

| Work Site Location | 21 HIGH WOODS AVE, ERIAL |
|--------------------|--------------------------|
| Owner in Fee | SHAH, MANISHA & DIVIYESH |
| Address | 21 HIGH WOODS AVE |
| | ERIAL, NJ 08081 |
| Phone | |

Contractor... MAS TEC NORTH AMERICA

| Address | 609 DOUGLAS RD 10TH FL |
|-------------|------------------------|
| | CORAL GABLES, FL 33134 |
| Phone | (305)213-6859 |
| Lic No | 34BX00017400 - 1/31/20 |
| Fed Emp No. | 650829357 |
| | |

Permission is hereby granted to do the following work:

| | PLUMBING | | □ ONGOING - |
|------------|--------------|-----------------------|-------------|
| ☑ ELECTRIC | □FIRE | □ ASBESTOS ABATEMENT | □ OTHER |
| | □ MECHANICAL | LEAD HAZARD ABATEMENT | |

Description of Work: Install wireless burglar alarm

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: <u>\$499</u>

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

| PAYMENTS * (Office Use Only) |
|--|
| Building \$0 Electrical 65 Plumbing 0 Fire Protection 0 Elevator Devices 0 Mechanical 0 State Training Fee 1 Certificate of Occupancy 0 Other 0 Total \$66 |
| Check#/Cash 160617 Paid \$66 Collected By CP Total Administrative Fee: \$0 \$0 |

 Date Receive
 12/29/2016

 Control #
 71652

Date Issued 1/18/2017 Permit # 20170100

| | Gloucester Township |
|---|---|
| | ELECTRICAL SUBCODE TECHNICAL SECTION |
| Y | TECHNICAL SECTION |

NEW JERS



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

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.

| work site Location | | Applicant's Signatur | re/Contractor's Seal and Signature | |
|--|---|----------------------|---|-----------------------|
| Owner in Fee: SHAH, MANISHA & DIV | IYESH | | Contractor | Exempt Applc |
| Tel | e-mail | D.TECHNICAL SIT | E DATA ITEMS | FEE (Office Use Only) |
| Address: <u>21 HIGH WOODS AVE</u> | ERIAL, NJ 08081 | | Lighting Fixtures | |
| | | | Receptacles | |
| | A Tel. (305)213-6859 | | Switches | |
| Address: 609 DOUGLAS RD 10TH FL | ., CORAL GABLES, FL e-maiADAM.RAMIREZ@MASTEC.COM | | Detectors | |
| Contractor License No. 34BX0001740 | 0- 1/31/20 Exp. Date | | Light Pole | |
| ederal Emp. ID No650829357 | FAX. (786)270-4591 | | Motors—Fract. H Emergency & Exit Lights | |
| B. ELECTRICAL CHARACTERISTICS | ······································ | | Communications Paints | |
| Jse Group Present | Proposed R-5 | 16 | Alarm Devices/F.A.C. Panel | |
|] Pole/pad # | Temporary Service Other | | | |
| Building Occupied as | – Utility Co. Descript: Install wireless burglar alarm | 16 | TOTAL NUMBERS Pool Permit/with UW Lights | \$50 |
| Est. Cost of Elec. Work \$ | | <u> </u> | Storable Pool/Spa/Hot Tub | |
| | | | KW Elec. Range/Receptacle | |
| JOB SUMMARY (Office Use Only) | | | KW Oven/Surface Unit | |
| PLAN REVIEW Date Initial | INSPECTIONS Dates (Month/Day) | | KW Elec. Water Heater | |
| [] No Plans Required | Type: Failure Failure Approval Inital | | KW Elec. Dryer/Receptacle | |
| Joint Plan Review Required: | Rough | <u> </u> | KW Dishwasher | |
| [] Building [] Plumbing | Barrier-Free | | HP Garbage Disposal | |
| [] Fire [] Elevator | Trench | | KW Central AC Unit | |
| [] Elec. Plans Approved | Constr. Serv. | | HP/KW Space Heater/Air Handler | |
| Date: | тсо | | KW Baseboard Heat | |
| | Other | | HP Motors 11+ HP | |
| Approved by: | Service | | KW Transformer/Generator AMP Service | |
| | Final | | AMP Subpanels | |
| | Barrier-Free | | AMP Motor Control Center | |
| SUBCODE APPROVAL | Temp. Cut-in-Card Date Issued | | KW Elec. Sign/Outline Light | |
| | Final Cut-in-Card Date Issued | | | |
| Date: | Annual Pool Inspection | | | |
| Approved by: | Date of Grounding and Bonding | | Administrative Surcha | 0 |
| | Certification | | | Fee \$ 65 |
| U.C.C. F120 (rev. 07105) Applicant: When submitting this term to your Local co Internet version one original plus three photocopies | nstruction code Enforcement Officeplease provide | | State Permit Surcharge | Fee \$ |
| | | | TOTAL F | =EE \$ 65 |

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 | |
| Work One Location | ERIAL, 08081 | |
| Owner in Fee/Occupar | nt SHAH, MANISHA & DIVIYESH | |
| | 21 HIGH WOODS AVE | |
| Address | ERIAL, NJ 08081 | |
| T -t-s- | | |
| Telephone | MAS TEC NORTH AMERICA | |
| Contractor | 609 DOUGLAS RD 10TH FL | |
| Address | CORAL GABLES, FL 33134 | |
| (305)213-6859 | | |
| | | |
| Lic. No. or Bldrs. Reg. Federal Emp. No. | 650829357 | |
| i euerar Linp. 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: | | |
| | | |

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 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

| Permit Fee \$ | 00 |
|--------------------|--------|
| Paid [] Check No. | 160617 |
| | CP |
| Collected by: | |

~~

(James T. Gallagher, Construction Official

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

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

Permission is hereby granted to do the following work:

| ☑ BUILDING | | | □ ONGOING - |
|------------|------------|-----------------------|-------------|
| ☑ ELECTRIC | ØFIRE | □ 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

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

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

| Π | | |
|-------|------------|--|
| UNIFO | NEW JERSEY | |

Gloucester Township BUILDING SUBCODE TECHNICAL SECTION



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

Block/Lot17907/43

Date Receive 5/02/2023 93838 Control #

Date Issued 5/23/2023 Permit # 20230959

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.

| Work Site Location 21 HIGH WOODS AVENUE | |
|---|--|
| Work Site Location | |
| Owner in Fee: SHAH, MANISHA & DIVIYESH | DESCRIPTION OF WORK |
| Tel. (856)261-2330 e-mail | Solar Panel System - Rooftop |
| Address: 21 HIGH WOODS AVE ERIAL, NJ 08081 | |
| Contractor: SKYLINE SOLAR LLC/BLDG Tel. (732)354-3111 | |
| Address: 4 CROSSROADS DR. Ste 116, HAMILTON, NJ 086 e-mail | |
| Contractor License No. 13VH09045200 Exp. Date 3/31/24 | |
| Federal Emp. ID No. 274031553 FAX (732)354-3071 | |
| JOB SUMMARY (Office Use Only) | |
| PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day) | |
| [] No Plans Required Type: Failure Failure Approval In [] All Footing | TYPE OF WORK |
| [] Footing Footing Bonding | New Building |
| [] Foundation Foundation | Addition |
| Slab Slab | Rehabilation |
| Frame | |
| | Siding |
| Joint Plan Review Recuired Barrier-Free | Height (exceeds 6') |
| Finishes-Base Layer | Sign Sq. Ft. |
| SUBCODE APPROVAL Finishes-Final | |
| []CO []CO []CA Energy | Asbestos Abatement Subchapter 8 |
| Date: Mechanical | |
| Approved by: TCO | Lead Haz. Abatement NJAC 5:17 |
| Final | Radon Remediation |
| Other | |
| B. BUILDING CHARACTERISTICS Les Crown Bresent B-5 Brenesed Est. Cost of Bldg. Work : | Demolition |
| se Group resent roposed 1 Now Bidg | Administrative Surcharge \$0 |
| Constr. Class Present Proposed 1. New Bldg. \$ 2. Rehabilitation \$ 5,000 | |
| Vo. of Stories 3. Total (1+2) \$ 5,000 | |
| leight of Structure FT | |
| sea - Largest Floor Sq. Ft. | |
| lew Bldg. Area/All Floors Sq. Ft. | U.C.C. F130 (rev. 07/05) Applicant: When submitting this term to your Local construction code Internet version Enforcement Office, please provide one original plus three photocopies |
| olume of New Structure Cu. Ft. | |
| otal Land Area Disturbet | |

| JNIFORM | Gloucester Township ELECTRICAL SUBCODE TECHNICAL SECTION |
|---------|--|
| JNIFORM | ELECTRICAL SUBCODE |

Block/Lot 17907/43

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.



 Date Receive
 5/02/2023

 Control #
 93838

Date Issued 5/23/2023 Permit # **20230959**

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.

| Work Site Location 21 HIGH WOOL | DS AVENUE | | | Applicant's | Signatur | e/Contractor | 's Seal and Signature | | |
|--|---|--------------------|--------|------------------|-----------|-----------------------|------------------------------|---------------|-----------|
| Owner in Fee: SHAH, MANISHA & DIV | IYESH | ····· | | Licens | ed Elec C | Contractor | Cert Landscape Contr | Exempt App! | C |
| Tel. (856)261-2330 | | | | D.TECHNI QTY. | | E DATA ITEMS | | FEE (Office U | Jse Only) |
| Address: <u>21 HIGH WOODS AVE</u> | ERIAL, NJ 08081 | zip code | | | | Lighting Fi | | | |
| Contractor: SKYLINE SOLAR LLC/ELE | CTRIC Te | el (732)354-3111 | | | | Receptacl Switches | es | | |
| Address: 4 CROSSROADS DR. STE | 116, HAMILTON, NJ 08 e-mail | · <u>-</u> | | <u> </u> | | Detectors | | | |
| Contractor License No. | Exp. | Date | | | | Light Pole | | | |
| Federal Emp. ID No. 274031553 | • | | | | | Motors—F | | | |
| B. ELECTRICAL CHARACTERISTICS | FAA | (| | | | • | y & Exit Lights | | |
| | Bassard R- | 5 | | | | | cations Paints | | |
| Use Group Present | Temporary Service Other | | | | | | vices/F.A.C. Panel | | |
| Building Occupied as | — Utility Co. Descript: Solar Panel System - | Pooffon | | | | | JMBERS hit/with UW Lights | \$ | |
| Est. Cost of Elec. Work \$ 13000 | | | | | | | Pool/Spa/Hot Tub | | |
| JOB SUMMARY (Office Use Only) | | | | | | KW Elec. I | Range/Receptacle | | |
| | INSPECTIONS | Detec (Marth/Dav) | | | | KW Oven/ | Surface Unit | | |
| PLAN REVIEW Date Initial | INSPECTIONS | Dates (Month/Day) | | | | KW Elec. V | Water Heater | | |
| [] No Plans Required | Type: Failure | e Failure Approval | Inital | | | KW Elec. I | Dryer/Receptacle | | |
| Joint Plan Review Required: | Rough | | | | | KW Dishw | rasher | | . <u></u> |
| [] Building [] Plumbing | Barrier-Free | | | | | | ge Disposal | | <u></u> |
| [] Fire [] Elevator | Trench Temp. Serv. | | | | — | KW Centra | | | |
| | Constr. Serv. | | | | | | bace Heater/Air Handler | | |
| [] Elec. Plans Approved | TCO | | | | | | poard Heat | | |
| Date: | Other | | | | | HP Motors | | | <u> </u> |
| Approved by: | Service | | | | | | former/Generator | | |
| | Final | | | | | AMP Serv | | | |
| | Barrier-Free | <u> </u> | | | | AMP Subp | or Control Center | | |
| SUBCODE APPROVAL | Temp. Cut-in-Card Date Issued | | | | <u> </u> | | Sign/Outline Light | | |
| | Final Cut-in-Card Date Issued | | | 1 | 5 | KW PV Ar | ray | | 165 |
| Date: | Annual Pool Inspection | | | | | | ···· | | |
| Approved by: | Date of Grounding and Bonding Certification | | | | | | Administrative Surcharg | • | |
| U.C.C. F120 (rev. 07105) Applicant: When submitting this term to your Local or Internet version one original plus three photocopies | | | | | | | | ee \$ | |
| Internet version one original plus tirree protocopies | | | | | | | State Permit Surcharge Fe | | 165 |
| | | | | | | | TOTAL FE | ES | |

Gloucester Township FIRE PROTECTION SUBCODE NEW JERSEY **TECHNICAL SECTION** UNIFORM CONSTRUCTION

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 Tel. (856)2 | | | |
|-----------------------------|--------------------------------|-----------------------|--|
| rei. (050)2 | | e-mail | ······································ |
| Address: | 21 HIGH WOODS AVE | ERIAL, NJ 0808 | |
| | Street | municipali | |
| Contractor: | | | Tel. (732)354-3111 |
| Address: | 4 CROSSROADS DR. Ste | 116, HAMILTON, NJ | 08691 _{e-mail} |
| Fire Protection | on equipment, NJ Div of Fire | Safety Permit No | |
| Fire Protectio | on equipment, NJ Div of Fire S | Safety Installer No. | |
| Fire Alarm C | ontractor No. | | Exp. Date |
| Federal Emp | 074004559 | | FAX (732)354-3071 |
| | . ID NO: | | |
| B. FIRE PRO Use Group | TECTION CHARACTERIST | P.5 | Fire Alarm System: [] New OR [] Existing |
| Constr. Class | s Present Pro | posed | Location of Panel |
| | em 🛛 New 🖸 Existing 🗆 | | Fire Suppression/Standpipe System: |
| Type □ Ga | _ | | □ New □ Existing □ None |
| Other | | | Location of Main Control Valve: |
| Location | | | |
| Fuel Storag | | mbustible □ No 500 | one Capacity |
| | ARY (Office Use Only) | INSPECTIONS | Dates (Month/Day) |
| PLAN REVI | | Type: | Failure Failure Approval Inital |
| | ins Required | Alarm System | |
| | eview Required: | Suppression Sys | |
| [] Buildin | | Standpipe | |
| • - | [] Elevator | Fire Pump | |
| | Plans Approved | Pre-Eng. System | n |
| | | Mechanical | |
| | | Smoke Control | |
| | y: | Flam/Combust T | anks |
| SUBCODE APPROVAL | | TCO | |
| | []CCO []CA | Fireplace Venting | g |
| Date: | | Final | |
| Approved b | ру: | Other | |

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



5/02/2023 Date Received 93838 Control #

5/23/2023 Date Issued 20230959 Permit #

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

| | nature/Contractor's Sign | |
|---------------------------------------|--------------------------|-----------------------|
| Certified Contractor | Exempt Ap | oplicant |
| D.TECHNICAL SITE DATA | | |
| DESCRIPTION OF WORK: | | |
| Solar Panel System - Rooftop | | |
| | | |
| | | |
| Water Supply Source | 0 | |
| Method of Alarm/Suppression Syste | em Supervision | |
| | | FEE (Office Use Only) |
| Flammable/Combustible Tanks | | \$ |
| Alarm Systems | | |
| □ System | | |
| Interconnected 110 v | | |
| CO Detectors 110 v | | |
| Alarm Devices (i.e., smoke, heat, pu | ulis, | |
| water/flow | | |
| Supervisor Devices (i.e., tampers, lo | | |
| Signaling Devices (i.e., horn/strobes | s, bells) | |
| Other Devices | | |
| TOTAL | | |
| Suppression System | | |
| Fire Pump GPM Type | | |
| Dry Pipe/Alarm Valves | | |
| Pre-action Valves | | |
| Springler Heads (Dry and Wet) | | |
| Standpipes | | |
| Pre-engineered Systems | | |
| Wet Chemical | | |
| Dry Chemical | | |
| CO ₂ Suppression | | |
| Foam Suppression FM200 Suppression | | |
| Other | | |
| Other Systems | | |
| Kitchen Hood Exhaust System | | |
| Smoke Control System | | |
| | Oil | |
| Fireplace Venting/Metal Chimney | <u> </u> | |
| Other Solar Par | nels <u>1</u> | 65 |
| | Administrativo Surchar | |
| | Administrative Surcharg | |
| | tate Permit Surcharge F | |
| ى ا | • | |
| | TOTAL FE | E \$00 |

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

47007/40

Permit No.20230959Control No.93838Block/Lot17907/43Date7/19/23

Certificate of Approval

IDENTIFICATION

| Block/Lot | 17907/43 | | | |
|---------------------------|-----------------------------------|--|--|--|
| Work Site Location | 21 HIGH WOODS AVENUE | | | |
| Work One Location | ERIAL, 08081 | | | |
| Owner in Fee/Occupant | SHAH, MANISHA & DIVIYESH | | | |
| Address | 21 HIGH WOODS AVE | | | |
| Address | ERIAL, NJ 08081 | | | |
| Telephone | (856)261-2330 | | | |
| Contractor | SKYLINE SOLAR LLC/BLDG | | | |
| Address | 4 CROSSROADS DR. Ste 116 | | | |
| | HAMILTON, NJ 08691 | | | |
| Telephone (732 |) <u>354-3111 _{FAX} </u> | | | |
| Lic. No. or Bldrs. Reg. N | lo. 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 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

| Permit Fee \$ | _ |
|-------------------|---|
| Paid [] Check No. | 2 |
| Collected by: | _ |

| 36 | 365 | | | |
|-------|-----|--|--|--|
| 26411 | | | | |
| CP | | | | |

(James T. Gallagher, Construction Official

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