



Property Information		Request Information		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



UTILITIES

Water:

Account #: N/A

Payment Status: N/A

Status: N/A

Amount: 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.



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

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:

- | | | | |
|--|--|--|------------------------------------|
| <input checked="" type="checkbox"/> BUILDING | <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> ONGOING - |
| <input checked="" type="checkbox"/> ELECTRIC | <input checked="" type="checkbox"/> FIRE | <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> OTHER |
| <input checked="" type="checkbox"/> ELEVATOR | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> 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

*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	<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



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	_____	_____	_____	_____
SUBCODE APPROVAL			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.

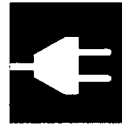
Est. Cost of Bldg. Work :

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

Administrative Surcharge \$ _____
 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

- _____ Lighting Fixtures
- _____ Receptacles
- _____ Switches
- _____ Detectors
- _____ Light Pole
- _____ Motors—Fract. H
- _____ Emergency & Exit Lights
- _____ Communications Pains
- _____ 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

FEE (Office Use Only)

\$ _____

JOB SUMMARY (Office Use Only)

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

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	_____	_____	_____	_____
SUBCODE APPROVAL	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 _____	\$ _____
Alarm Systems	
<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 _____	_____
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 _____	_____
Fired Appliances [] Gas or [] Oil _____	_____
Fireplace Venting/Metal Chimney _____	_____
Other _____	_____

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

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

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)

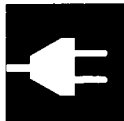
Building	<u>\$240</u>
Electrical	<u>65</u>
Plumbing	<u>65</u>
Fire Protection	<u>65</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>18</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$453</u>

Check#/Cash.....	<u>1527</u>
Paid	<u>\$453</u>
Collected By	<u>DS</u>

Total Administrative Fee: \$0



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	_____	_____	_____	_____
SUBCODE APPROVAL			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	_____	_____	_____	_____
SUBCODE APPROVAL	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 _____	\$ _____
Alarm Systems	
<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>
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 _____	
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 \$	
TOTAL FEE \$	<u>65</u>



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

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	_____	_____	_____
SUBCODE APPROVAL			Gas Piping	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			LPGas Tank	_____	_____	_____
Date: _____			Fuel Oil Piping	_____	_____	_____
Approved by: _____			Solar	_____	_____	_____
			TCO	_____	_____	_____
			_____	_____	_____	_____
			_____	_____	_____	_____

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

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 _____	_____

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

Description of Work:
 finish Basement.

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 _____

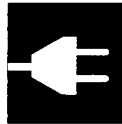
(James T. Gallagher, Construction Official)

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 Descript: 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	_____
16		TOTAL NUMBERS	\$ 50
_____	_____	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		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	_____	_____	_____	_____
SUBCODE APPROVAL		Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	Final Cut-in-Card Date Issued	_____	_____	_____	_____
Date: _____		Annual Pool Inspection	_____	_____	_____	_____
Approved by: _____		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 \$	_____
TOTAL FEE \$	<u>65</u>

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

Construction Official Date

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

*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)			
		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	_____	_____	_____	_____
SUBCODE APPROVAL	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:
 Solar Panel System - Rooftop
 Water Supply Source _____
 Method of Alarm/Suppression System Supervision _____

	FEE (Office Use Only)
Flammable/Combustible Tanks _____	\$ _____
Alarm Systems	
<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	_____
Suppression System	
Fire Pump _____ GPM Type _____	_____
Dry Pipe/Alarm Valves _____	_____
Pre-action Valves _____	_____
Sprinkler 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 _____	_____
Fireplace Venting/Metal Chimney _____	_____
Other Solar Panels _____ 1	_____ 65

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 65

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