



# CONSTRUCTION PERMIT

Date Issued 8-17-23  
Permit # SC 23 12133

IDENTIFICATION Block 13 Lot 48 Qualification Code \_\_\_\_\_  
 Work Site Location 148 Broadway, Salem City, 08079 Contractor LTD  
 Address 1 East High Street, Glassboro, NJ 08028  
 Owner in Fee City of Salem  
 Address 17 New Market Street, Salem City, 08079 Tel. (609) 221-0079  
 Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
 Tel. (856) 935-0372

**Is hereby granted permission to perform the following work:**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> BUILDING   | <input checked="" type="checkbox"/> PLUMBING                       | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input checked="" type="checkbox"/> ELECTRICAL | <input checked="" type="checkbox"/> FIRE PROTECTION                | <input type="checkbox"/> DEMOLITION            |
| <input type="checkbox"/> ELEVATOR DEVICES      | <input type="checkbox"/> ASBESTOS ABATEMENT<br>(Subchapter 8 only) | <input type="checkbox"/> OTHER _____           |

**DESCRIPTION OF WORK:**

CCO INSPECTION

**NOTE:** If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ \_\_\_\_\_

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

Date \_\_\_\_\_

8-17-23

| PAYMENTS (Office Use Only) |            |
|----------------------------|------------|
| Building                   | _____      |
| Electrical                 | _____      |
| Plumbing                   | _____      |
| Fire Protection            | _____      |
| Elevator Devices           | _____      |
| Other                      | _____      |
| DCA State Permit Fee       | _____      |
| Cert. of Occupancy         | _____      |
| Other                      | _____      |
| Total                      | <u>168</u> |
| Check No.                  | _____      |
| Cash                       | _____      |
| Collected by               | _____      |

*WAIVED*

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT



**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 13 Lot 48 Qualification Code \_\_\_\_\_  
Work Site Location 148 W. Broadway, Salem City, 08079

Date Received \_\_\_\_\_  
Control # \_\_\_\_\_

Date Issued 8-17-23  
Permit # SC 23 12133

CCO INSPECTION

**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.

Sign here: TD

Print name here: Theresa DiVietro

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK**

In order to conduct necessary due diligence work for a feasibility study including this building, a walk through is needed to ensure safety of future contractors' walk throughs to determine cost of renovations and repairs needed for activation.

Owner in Fee: City of Salem  
Tel. (856) 935-0372 e-mail cityadmin@cityofsalemnj.gov  
Address 17 New Market Street Salem City 08079  
street municipality zip code  
Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_ e-mail \_\_\_\_\_  
Address \_\_\_\_\_  
Contractor License No. or Builder Registration No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_  
Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW  | Date    | Initial  | INSPECTIONS          | Dates (Month/Day) | Initial |
|--|---------|----------|----------------------|-------------------|---------|
| Type:  | Failure | Approval | Failure              | Approval          | Initial |
| <input type="checkbox"/> No Plans Required   |         |          | Footings             |                   |         |
| <input type="checkbox"/> All   |         |          | Footings Bonding     |                   |         |
| <input type="checkbox"/> Footings/Foundations  |         |          | Foundation           |                   |         |
| <input type="checkbox"/> Structural/Framework  |         |          | Slab                 |                   |         |
| <input type="checkbox"/> Exterior  |         |          | Frame                |                   |         |
| <input type="checkbox"/> Interior  |         |          | Truss Sys./Bracing   |                   |         |
|  |         |          | Barrier-Free         |                   |         |
| Joint Plan Review Required:  |         |          |                      |                   |         |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator |         |          | Insulation           |                   |         |
| SUBCODE APPROVAL for PERMIT  |         |          |                      |                   |         |
| Date:  |         |          | Finishes -Base Layer |                   |         |
|  |         |          | Finishes -Final      |                   |         |
| Approved by:   |         |          | Energy               |                   |         |
|  |         |          | Mechanical           |                   |         |
| SUBCODE APPROVAL for CERTIFICATE   |         |          |                      |                   |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA   |         |          | TCO                  |                   |         |
| Date:  |         |          | Other                |                   |         |
| Approved by:   |         |          | Final                |                   |         |
|  |         |          | Barrier-Free         |                   |         |

**B. BUILDING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
No. of Stories \_\_\_\_\_  
Height of Structure \_\_\_\_\_ ft.  
Area — Largest Floor \_\_\_\_\_ sq. ft.  
New Bldg. Area/All Floors \_\_\_\_\_ sq. ft.  
Volume of New Structure \_\_\_\_\_ cu. ft.  
Max. Live Load \_\_\_\_\_  
Max. Occupancy Load \_\_\_\_\_  
Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_  
If Industrialized Building:  
State Approved \_\_\_\_\_ HUD \_\_\_\_\_  
Est. Cost of Bldg. Work:  
1. New Bldg. \$ \_\_\_\_\_  
2. Rehabilitation \$ \_\_\_\_\_  
3. Total (1+2) \$ \_\_\_\_\_ 0

**TYPE OF WORK:**

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

FEE (Office Use Only)  
\$ \_\_\_\_\_

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



# ELECTRICAL 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 13 Lot 48 Qualification Code \_\_\_\_\_  
Work Site Location 148 W. Broadway, Salem City, 08079

Owner in Fee: City of Salem  
Tel. (856) 935-0372 e-mail cityadmin@cityofsalemnj.gov zip code 08079

Address 17 New Market Street Salem City  
street municipality

Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_  
Address \_\_\_\_\_ e-mail \_\_\_\_\_

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

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_  
Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

## B. ELECTRICAL CHARACTERISTICS

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

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW  |         | INSPECTIONS |          | Dates (Month/Day) |  |
|--|---------|-------------|----------|-------------------|--|
| Type:  | Failure | Failure     | Approval | Initial           |  |
| <input type="checkbox"/> No Plans Required   |         |             |          |                   |  |
| <input type="checkbox"/> Partial -Underslab Utilities Approved   |         |             |          |                   |  |
| Date: _____ Approved by: _____   |         |             |          |                   |  |
| <input type="checkbox"/> Electric Plans Approved   |         |             |          |                   |  |
| Date: _____ Approved by: _____   |         |             |          |                   |  |
| Joint Plan Review Required:  |         |             |          |                   |  |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev. |         |             |          |                   |  |
| SUBCODE APPROVAL for PERMIT  |         |             |          |                   |  |
| Date: _____  |         |             |          |                   |  |
| Approved by: _____   |         |             |          |                   |  |
| SUBCODE APPROVAL for CERTIFICATE   |         |             |          |                   |  |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA   |         |             |          |                   |  |
| Date: _____  |         |             |          |                   |  |
| Approved by: _____   |         |             |          |                   |  |

Date Received \_\_\_\_\_  
Control # \_\_\_\_\_  
Date Issued 8-17-23  
Permit # SC 23 12133

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

Applicant sign/Contractor \_\_\_\_\_  
sign and seal here:

Print name here: Theresa DiVietro  
 Licensed Elec. Contractor  Certifd Landscape Irrigation Contr  Exempt Applicant

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:  
Safety walkthrough for due diligence study.

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

|                            |          |
|----------------------------|----------|
| Administrative Surcharge   | \$ _____ |
| Minimum Fee                | \$ _____ |
| State Permit Surcharge Fee | \$ _____ |
| TOTAL FEE                  | \$ _____ |



# FIRE PROTECTION 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 13 Lot 48 Qualification Code \_\_\_\_\_  
Work Site Location 148 Broadway, Salem City, NJ 08079

Owner in Fee: City of Salem  
Tel. (856) 935-0372 e-mail cityadmin@cityofsalemnj.gov  
Address 17 New Market Street Municipality Salem City zip code 08079  
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 \_\_\_\_\_  
Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_  
Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

### B. FIRE PROTECTION CHARACTERISTICS

**Use Group:** Present \_\_\_\_\_ Proposed \_\_\_\_\_  
**Constr. Class:** Present \_\_\_\_\_ Proposed \_\_\_\_\_  
**Fuel Storage Tank:**  
Fuel Type:  Flammable OR  Combustible Capacity \_\_\_\_\_  
**Heating System:**  New OR  Modification to Existing **Fire Alarm System:**  New OR  Existing  
OR  Conversion OR  Replacement Location of Panel: \_\_\_\_\_  
**Fire Suppression/Standpipe System:**  
Fuel Type:  Gas  Oil  Electric  Solar  Other \_\_\_\_\_  
Location: \_\_\_\_\_  
Total Cost of Fire Protection Work \$ \_\_\_\_\_

| JOB SUMMARY (Office Use Only)  |                    | INSPECTIONS |                   |
|--|--------------------|-------------|-------------------|
| PLAN REVIEW  | Type:              | Failure     | Dates (Month/Day) |
| <input type="checkbox"/> No Plans Required   | Alarm System       | _____       | Initial           |
| <input type="checkbox"/> Partial -Underslab Utilities Approved   | Suppression Sys.   | _____       | _____             |
| Date: _____ Approved by: _____   | Standpipe          | _____       | _____             |
| <input type="checkbox"/> Fire Protection Plans Approved  | Fire Pump          | _____       | _____             |
| Date: _____ Approved by: _____   | Pre-Eng. System    | _____       | _____             |
| Joint Plan Review Required:  | Mechanical         | _____       | _____             |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Elev. | Smoke Control      | _____       | _____             |
| SUBCODE APPROVAL for PERMIT  | TCO                | _____       | _____             |
| Date: _____  | Flam/Combust Tanks | _____       | _____             |
| Approved by: _____   | Fireplace Venting  | _____       | _____             |
| SUBCODE APPROVAL for CERTIFICATE   | Final              | _____       | _____             |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA   | Other              | _____       | _____             |
| Date: _____  |                    |             |                   |
| Approved by: _____   |                    |             |                   |

U.C.C. F140 (rev. 02/11) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one internet version original plus three photocopies.

Date Received  
Control #

Date Issued 8-17-23  
Permit # SC23 12133

### 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/Contractor sign here: TD

Print name here: Theresa DiVietro

D. TECHNICAL-SITE DATA  Certified Contractor  Exempt Applicant

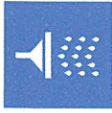
### DESCRIPTION OF WORK:

Water Supply Source \_\_\_\_\_  
Method of Alarm/Suppression System Supervision \_\_\_\_\_

|  | NUMBER   | FEE (Office Use Only) |
|--|----------|-----------------------|
| Flammable/Combustible Tanks  | _____    | _____                 |
| Alarm Systems  | _____    | _____                 |
| <input type="checkbox"/> System  | _____    | _____                 |
| <input type="checkbox"/> 110v Interconnected   | _____    | _____                 |
| <input type="checkbox"/> CO Detectors/110v   | _____    | _____                 |
| Alarm Devices (i.e., smoke, heat, pulls, water/floor)  | _____    | _____                 |
| Supervisory Devices (i.e., tampers, low/high air)  | _____    | _____                 |
| Signaling Devices (i.e., horn/strobes, bells)  | _____    | _____                 |
| Other Devices  | _____    | _____                 |
| TOTAL  | <u>0</u> | _____                 |
| Suppression Systems  | _____    | _____                 |
| 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 <sub>2</sub> Suppression  | _____    | _____                 |
| Foam Suppression   | _____    | _____                 |
| FM200 Suppression  | _____    | _____                 |
| Other _____  | _____    | _____                 |
| Other Systems  | _____    | _____                 |
| Kitchen Hood Exhaust System  | _____    | _____                 |
| Smoke Control System   | _____    | _____                 |
| Fuel-Fired Appliances <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid | _____    | _____                 |
| Fireplace Venting/Metal Chimney  | _____    | _____                 |
| Other _____  | _____    | _____                 |
| Administrative Surcharge \$  | _____    | _____                 |
| Minimum Fee \$   | _____    | _____                 |
| State Permit Surcharge Fee \$  | _____    | _____                 |
| TOTAL FEE \$   | _____    | _____                 |



# PLUMBING SUBCODE TECHNICAL SECTION



Date Received  
Control #

CCO Inspection  
Date Issued 8-17-23  
Permit # SC 23 12133

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

Block 13 Lot 48 Qualification Code \_\_\_\_\_  
Work Site Location 148 W. Broadway, Salem City, 08079

Owner in Fee: City of Salem e-mail cityadmin@cityofsalemnj.gov zip code 08079  
Tel. (856) 935-0372 municipality Salem City

Address 17 New Market Street street  
Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_  
Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_  
Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

**B. PLUMBING CHARACTERISTICS**  
Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_  
Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_  
Est. Cost of Plumbing Work \$ \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**  
PLAN REVIEW  
 No Plans Required  
 Partial -Underslab Utilities Approved  
Date: \_\_\_\_\_ Approved by: \_\_\_\_\_  
 Plumbing Plans Approved  
Date: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Joint Plan Review Required:  
 Bldg.  Elec.  Fire.  Elev.

SUBCODE APPROVAL for PERMIT  
Date: \_\_\_\_\_ Approved by: \_\_\_\_\_  
SUBCODE APPROVAL for CERTIFICATE  
 CO  CCO  CA  
Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

INSPECTIONS  
Type: \_\_\_\_\_  
Slab \_\_\_\_\_  
Rough \_\_\_\_\_  
Water \_\_\_\_\_  
Sewer \_\_\_\_\_  
Fixtures \_\_\_\_\_  
Gas Equipment \_\_\_\_\_  
Gas Piping \_\_\_\_\_  
LPGas Tank \_\_\_\_\_  
Fuel Oil Piping \_\_\_\_\_  
Solar \_\_\_\_\_  
TCO \_\_\_\_\_  
Final \_\_\_\_\_

Dates (Month/Day)  
Failure \_\_\_\_\_ Approval \_\_\_\_\_  
Initial \_\_\_\_\_

## C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor [Signature]  
sign and seal here: \_\_\_\_\_

Print name here: Theresa DiVietro  Licensed Contractor  Exempt Applicant

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:  
Need to ensure safety via walkthrough in order to complete necessary due diligence.

| QTY.  | FIXTURE/EQUIPMENT        | FEE (Office Use Only) |
|-------|--------------------------|-----------------------|
| _____ | Water Closet             | _____                 |
| _____ | Urinal/Bidet             | _____                 |
| _____ | Bath Tub                 | _____                 |
| _____ | Lavatory                 | _____                 |
| _____ | Shower                   | _____                 |
| _____ | Floor Drain              | _____                 |
| _____ | Sink                     | _____                 |
| _____ | Dishwasher               | _____                 |
| _____ | Drinking Fountain        | _____                 |
| _____ | Washing Machine          | _____                 |
| _____ | Hose Bibb                | _____                 |
| _____ | Water Heater             | _____                 |
| _____ | Fuel Oil Piping          | _____                 |
| _____ | Gas Piping               | _____                 |
| _____ | LPGas Tank               | _____                 |
| _____ | Steam Boiler             | _____                 |
| _____ | Hot Water Boiler         | _____                 |
| _____ | Sewer Pump               | _____                 |
| _____ | Interceptor/Separator    | _____                 |
| _____ | Backflow Preventer       | _____                 |
| _____ | Greasetrap               | _____                 |
| _____ | Sewer Connection         | _____                 |
| _____ | Water Service Connection | _____                 |
| _____ | Stacks                   | _____                 |
| _____ | Other                    | _____                 |

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



# CONSTRUCTION PERMIT

Date Issued 8-17-23  
Permit # SC 13-12132

IDENTIFICATION Block 13 Lot 46 Qualification Code \_\_\_\_\_  
Work Site Location 142 - 144 Broadway, Salem City, 08079 Contractor LTD  
Address 1 East High Street, Glassboro, NJ 08028  
Owner in Fee City of Salem  
Address 17 New Market Street, Salem City, 08079 Tel. (609) 221-0079  
Tel. (856) 935-0372 Lic. No. or Bldrs. Reg. No. \_\_\_\_\_

Is hereby granted permission to perform the following work:

- BUILDING
- ELECTRICAL
- ELEVATOR DEVICES
- PLUMBING
- FIRE PROTECTION
- ASBESTOS ABATEMENT (Subchapter 8 only)
- LEAD HAZARD ABATEMENT
- DEMOLITION
- OTHER \_\_\_\_\_

DESCRIPTION OF WORK:

C.C.O. INSPECTION

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ \_\_\_\_\_

[Signature]  
Construction Official

8-17-23  
Date

| PAYMENTS (Office Use Only) |                |
|----------------------------|----------------|
| Building                   | _____          |
| Electrical                 | _____          |
| Plumbing                   | _____          |
| Fire Protection            | _____          |
| Elevator Devices           | _____          |
| Other                      | _____          |
| DCA State Permit Fee       | _____          |
| Cert. of Occupancy         | _____          |
| Other                      | <u>CCO 168</u> |
| Total                      | _____          |
| Check No.                  | _____          |
| Cash                       | _____          |
| Collected by               | _____          |

~~PAID~~

(see reverse side)



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 13 Lot 46 Qualification Code
Work Site Location 142-144 W. Broadway, Salem City, 08079

Owner in Fee: City of Salem
Tel. (856) 935-0372 e-mail cityadmin@cityofsalemnj.gov
Address 17 New Market Street Salem City 08079
Contractor: Address Tel. e-mail

Contractor License No. or Builder Registration No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[ ] No Plans Required
[ ] All
[ ] Footings/Foundations
[ ] Structural/Framework
[ ] Exterior
[ ] Interior
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

B. BUILDING CHARACTERISTICS
Use Group Present Proposed
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Date Received
Control #

Date Issued 8-17-23
Permit # SC 23 12/132

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.

Sign here: Theresa DiVietro

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

In order to conduct necessary due diligence work for a feasibility study including this building, a walk through is needed to ensure safety of future contractors' walk throughs to determine cost of renovations and repairs needed for activation.

C.C.O.

TYPE OF WORK:

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

FEE (Office Use Only)
Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$



# ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received  
Control #  
Date Issued  
Permit #

8-17-23  
SC-23-12132

### C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

*TD*

Print name here: **Theresa DiVietro**

Licensed Elec. Contractor  Certifd Landscape Irrigation Contr'r  Exempt Applicant

### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:  
Safety walkthrough for due diligence study.

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

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

CCO

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

Block 13 Lot 46 Qualification Code \_\_\_\_\_  
 Work Site Location 142-144 W. Broadway, Salem City, 08079

Owner in Fee: City of Salem  
 Tel. (856) 935-0372 e-mail cityadmin@cityofsalemnj.gov 08079 zip code

Address 17 New Market Street Salem City municipality

Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_  
 Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_  
 Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

### B. ELECTRICAL CHARACTERISTICS

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

### JOB SUMMARY (Office Use Only)

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





# FIRE PROTECTION 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 13 Lot 46 Qualification Code \_\_\_\_\_  
Work Site Location 142 - 144 Broadway, Salem City, NJ 08079

Owner in Fee: City of Salem  
Tel. (856) 935-0372 e-mail cityadmin@cityofsalemnj.gov zip code 08079  
Address 17 New Market Street municipality Salem City  
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 \_\_\_\_\_  
Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_  
Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

B. FIRE PROTECTION CHARACTERISTICS  
Use Group: Present \_\_\_\_\_ Proposed \_\_\_\_\_ Fuel Storage Tank:  
Constr. Class: Present \_\_\_\_\_ Proposed \_\_\_\_\_ Fuel Type:  Flammable OR  Combustible Capacity \_\_\_\_\_  
Heating System:  New OR  Modification to Existing Fire Alarm System:  New OR  Existing OR  Conversion OR  Replacement Location of Panel: \_\_\_\_\_  
Fuel Type:  Gas  Oil  Electric  Solar Fire Suppression/Standpipe System: \_\_\_\_\_  
 Other \_\_\_\_\_ Location of Main Control Valve: \_\_\_\_\_  
Location: \_\_\_\_\_

Total Cost of Fire Protection Work \$ \_\_\_\_\_

| JOB SUMMARY (Office Use Only)  |                    | INSPECTIONS |                   |
|--|--------------------|-------------|-------------------|
| PLAN REVIEW  | Type:              | Failure     | Dates (Month/Day) |
| <input type="checkbox"/> No Plans Required   | Alarm System       | _____       | Approval Initial  |
| <input type="checkbox"/> Partial -Underslab Utilities Approved   | Suppression Sys.   | _____       | _____             |
| Date: _____ Approved by: _____   | Standpipe          | _____       | _____             |
| <input type="checkbox"/> Fire Protection Plans Approved  | Fire Pump          | _____       | _____             |
| Date: _____ Approved by: _____   | Pre-Eng. System    | _____       | _____             |
| Joint Plan Review Required:  | Mechanical         | _____       | _____             |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Elev. | Smoke Control      | _____       | _____             |
| SUBCODE APPROVAL for PERMIT  | TCO                | _____       | _____             |
| Date: _____  | Flam/Combust Tanks | _____       | _____             |
| Approved by: _____   | Fireplace Venting  | _____       | _____             |
| SUBCODE APPROVAL for CERTIFICATE   | Final              | _____       | _____             |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA   | Other              | _____       | _____             |
| Date: _____  | _____              | _____       | _____             |
| Approved by: _____   | _____              | _____       | _____             |

Date Received  
Control #

Date Issued 8-17-23  
Permit # SC23 12132

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/Contractor sign here: TD  
Print name here: Theresa DiVietro

D. TECHNICAL SITE DATA  Certified Contractor  Exempt Applicant

DESCRIPTION OF WORK:  
Water Supply Source \_\_\_\_\_  
Method of Alarm/Suppression System Supervision \_\_\_\_\_

| NUMBER   | FEE (Office Use Only) |
|--|-----------------------|
| Flammable/Combustible Tanks _____  | _____                 |
| Alarm Systems _____  | _____                 |
| <input type="checkbox"/> System _____  | _____                 |
| <input type="checkbox"/> 110v interconnected _____   | _____                 |
| <input type="checkbox"/> CO Detectors/110v _____   | _____                 |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____   | _____                 |
| Supervisory Devices (i.e., tampers, low/high air) _____  | _____                 |
| Signaling Devices (i.e., horn/strobes, bells) _____  | _____                 |
| Other Devices _____  | _____                 |
| TOTAL _____  | _____                 |
| Suppression Systems _____  | _____                 |
| 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 <sub>2</sub> Suppression _____  | _____                 |
| Foam Suppression _____   | _____                 |
| FM200 Suppression _____  | _____                 |
| Other _____  | _____                 |
| Other Systems _____  | _____                 |
| Kitchen Hood Exhaust System _____  | _____                 |
| Smoke Control System _____   | _____                 |
| Fuel-Fired Appliances <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid _____ | _____                 |
| Fireplace Venting/Metal Chimney _____  | _____                 |
| Other _____  | _____                 |
| Administrative Surcharge \$ _____  | _____                 |
| Minimum Fee \$ _____   | _____                 |
| State Permit Surcharge Fee \$ _____  | _____                 |
| TOTAL FEE \$ _____   | _____                 |



# PLUMBING SUBCODE TECHNICAL SECTION



C.C.O

Date Received  
Control #

Date Issued 8-17-23  
Permit # SC 23 12132

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

Block 13 Lot 46  
Work Site Location 142-144 W. Broadway, Salem City, 08079  
Qualification Code

### C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Theresa DiVietro

Licensed Contractor  Exempt Applicant

### D. TECHNICAL SITE DATA

**DESCRIPTION OF WORK**  
Need to ensure safety via walkthrough in order to complete necessary due diligence.

| QTY.  | FIXTURE/EQUIPMENT        | FEE (Office Use Only) |
|-------|--------------------------|-----------------------|
| _____ | Water Closet             | _____                 |
| _____ | Urinal/Bidet             | _____                 |
| _____ | Bath Tub                 | _____                 |
| _____ | Lavatory                 | _____                 |
| _____ | Shower                   | _____                 |
| _____ | Floor Drain              | _____                 |
| _____ | Sink                     | _____                 |
| _____ | Dishwasher               | _____                 |
| _____ | Drinking Fountain        | _____                 |
| _____ | Washing Machine          | _____                 |
| _____ | Hose Bibb                | _____                 |
| _____ | Water Heater             | _____                 |
| _____ | Fuel Oil Piping          | _____                 |
| _____ | Gas Piping               | _____                 |
| _____ | LPGas Tank               | _____                 |
| _____ | Steam Boiler             | _____                 |
| _____ | Hot Water Boiler         | _____                 |
| _____ | Sewer Pump               | _____                 |
| _____ | Interceptor/Separator    | _____                 |
| _____ | Backflow Preventer       | _____                 |
| _____ | Greasetrap               | _____                 |
| _____ | Sewer Connection         | _____                 |
| _____ | Water Service Connection | _____                 |
| _____ | Stacks                   | _____                 |
| _____ | Other                    | _____                 |

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

Owner in Fee: City of Salem

Tel. (856) 935-0372 e-mail cityadmin@cityofsalemnj.gov

Address 17 New Market Street Salem City 08079  
street municipality zip code

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

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

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

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

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

### B. PLUMBING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
 Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_  
 Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_

Est. Cost of Plumbing Work \$ \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

**PLAN REVIEW**  
 No Plans Required  
 Partial -Underslab Utilities Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_  
 Plumbing Plans Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_  
 Joint Plan Review Required:

Bldg.  Elec.  Fire.  Elev.

### SUBCODE APPROVAL for PERMIT

Date: \_\_\_\_\_  
 Approved by: \_\_\_\_\_

### SUBCODE APPROVAL for CERTIFICATE

CO  CCO  CA

Date: \_\_\_\_\_  
 Approved by: \_\_\_\_\_

| INSPECTIONS     | Dates (Month/Day) |          |         |
|-----------------|-------------------|----------|---------|
|                 | Failure           | Approval | Initial |
| Type: _____     | _____             | _____    | _____   |
| Slab            | _____             | _____    | _____   |
| Rough           | _____             | _____    | _____   |
| Water           | _____             | _____    | _____   |
| Sewer           | _____             | _____    | _____   |
| Fixtures        | _____             | _____    | _____   |
| Gas Equipment   | _____             | _____    | _____   |
| Gas Piping      | _____             | _____    | _____   |
| LPGas Tank      | _____             | _____    | _____   |
| Fuel Oil Piping | _____             | _____    | _____   |
| Solar           | _____             | _____    | _____   |
| TCO             | _____             | _____    | _____   |
| Final           | _____             | _____    | _____   |

OFFICE DATE RECEIVED: \_\_\_\_\_

| VIII. PRIOR APPROVALS CHECKLIST<br>(office use only)                 | LOCAL APPROVAL    |            | COUNTY APPROVAL   |            | REGIONAL APPROVAL |            | STATE APPROVAL    |            | COMMENTS |
|--|-------------------|------------|-------------------|------------|-------------------|------------|-------------------|------------|----------|
|  | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date |          |
| <input type="checkbox"/> Zoning Officer                              |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Planning Board                              |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Zoning Board                                |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Sewer Authority                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Water Authority                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Police Department                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Health Department                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Soil Conservation                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Community Affairs        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Transportation           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Environmental Protection |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Utility Dig No.                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>   |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>   |                   |            |                   |            |                   |            |                   |            |          |

**IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)**

| Name of Code & Edition | Name of Code & Edition         |
|------------------------|--------------------------------|
| Building _____         | Energy _____                   |
| Electrical _____       | Barrier Free _____             |
| Plumbing _____         | Flood Hazard _____             |
| Fire Protection _____  | As Built Elevation Cert. _____ |
| Mechanical _____       | Other _____                    |

**X. CERTIFICATES ISSUED (office use only)**

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