Lorraine Baker

From: Frances Manzoni <opra+request-56263-ccc60ae2@requests.opramachine.com>
Sent: Tuesday, December 19, 2023 2:13 PM
To: GT Clerk
Subject: OPRA request - 11 Red Gravel Sicklerville NJ

Dear Gloucester Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:

Please provide all closed and open permits on this property in the summary line

Yours faithfully,

Frances Manzoni

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-56263-ccc60ae2@requests.opramachine.com

Is GTClerk@glotwp.com the wrong address for OPRA requests to Gloucester Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=gloucester_township
Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/11_red_gravel_sicklerville_nj

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

18309/6

Interoffice
MEMORANDUM

To: **Nancy Power**, Township Clerk

From: Cookie Pessagno

Re: Records Request

Date: December 20, 2023,

Dear Nancy,

This letter is regarding the records request from Frances Manzoni for the information you requested for all permits at this address 11 Red Gravel Rd Block 18309 Lot 6. Attach please all permits pulled on this property. **There are no Building violations. If you have any questions, please feel free to contact me at 856-374-3500.**

Thank you,

Cookie Pessagno
Rafael Colon

Construction Department

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

Permit No. **19991267**
Control No. **19044**
Parcel(Block/Lot). **18309/6**
Applic/Issued. **8/19/99 / 8/19/99**

Construction Permit

Work Site Location 11 RED GRAVEL CIRCLE

Owner in Fee..... **PAPARONE HOMES OF NEW JERSEY**
Address.....

Phone.....

Contractor....
Address.....

Phone.....
Lic No.....
Fed Emp No.

Permission is hereby granted to do the following work:

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

Description of Work:
NEW SINGLE FAMILY HOME NEWPORT - MODEL CHANGED TO LEXINGTON ON 9-27-99

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: $44,311

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	$856
Electrical	92
Plumbing	273
Fire Protection	150
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	79
Certificate of Occupancy	50
Other	0
Total	$1500
Check#/Cash.....	
Paid	$378
Collected By	

Total Administrative Fee: $0

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

Gloucester Township
BUILDING SUBCODE
TECHNICAL SECTION

Date Receive 8/19/1999
Control # 19044

Date Issued 8/19/1999
Permit # 19991267

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

Block/Lot 18309/6

Work Site Location 11 RED GRAVEL CIRCLE

Owner in Fee: PAPARONE HOMES OF NEW JERSEY

Tel. _____ e-mail _____

Address: _____ (Street) , _____ (municipality) _____ (zip code)

Contractor: _____ Tel. _____

Address: _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Federal Emp. ID No. _____ FAX _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Recuired
[ ] Elec. [ ] Plumb [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Inital
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Final				
Other				

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 2672 Sq. Ft.
Volume of New Structure 49329 Cu. Ft.
Total Land Area Disturbet 2672 Sq. Ft.

Est. Cost of Bldg. Work :
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+2) $ 36,391

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

NEW SINGLE FAMILY HOME NEWPORT - MODEL CHANGED TO LEXINGTON ON 9-27-99

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☐ Rehabilation
- ☐ 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)

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

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

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

Gloucester Township
ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receive 8/19/1999
Control # 19044

Date Issued 8/19/1999
Permit # 19991267

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

Block/Lot 18309/6

Work Site Location 11 RED GRAVEL CIRCLE

Owner in Fee: PAPARONE HOMES OF NEW JERSEY

Tel. _____ e-mail _____

Address: _____ , _____ , _____
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: NEW SINGLE FAMILY HOME NEWPORT - MODEL C

HANGED TO LEXINGTON ON 9-27-99

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
Joint Plan Review Required:		
[ ] Building [ ] Plumbing		
[ ] Fire [ ] Elevator		
[ ] Elec. Plans Approved		

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Inital
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

U.C.C. F120 (rev. 07105) Internet version

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

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	
		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	

Administrative Surcharge $ 0

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

Gloucester Township
FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/19/1999
Control # 19044

Date Issued 8/19/1999
Permit # 19991267

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

Block/Lot 18309/6

Work Site Location 11 RED GRAVEL CIRCLE

Owner in Fee: PAPARONE HOMES OF NEW JERSEY

Tel. _____ e-mail _____

Address: _____ , _____ , _____
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

Constr. Class Present _____ Proposed _____

Heating System ☐ New ☐ Existing ☐ None ☐ HVAC

Type ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Other _____

Location _____

Fire Alarm System: [ ] New *OR* [ ] Existing

Location of Panel _____

Fire Suppression/Standpipe System:
☐ New ☐ Existing ☐ None

Location of Main Control Valve: _____

Fuel Storage Tank
Fuel Type ☐ Flamable ☐ Combustible ☐ None *Capacity* _____

Total Cost of Fire Protection Work $ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Inital
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
Flam/Combust Tanks				
TCO				
Fireplace Venting				
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:
NEW SINGLE FAMILY HOME NEWPORT - MODEL CHANGED TO LEXINGTON ON 9-27-99

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

		FEE (Office Use Only)
Flammable/Combustible Tanks	____	$ _____
Alarm Systems		
☐ **System**		
☐ **Interconnected 110 v**		
☐ **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 $	_____

U.C.C. F120 (rev. 07105) Internet version

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

Gloucester Township
PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/19/1999
Control # 19044

Date Issued 8/19/1999
Permit # 19991267

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

Block/Lot 18309/6
Work Site Location 11 RED GRAVEL CIRCLE

Owner in Fee: PAPARONE HOMES OF NEW JERSEY
Tel. _____ e-mail _____
Address: _____ , _____ , _____
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-3
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Septic _____
Est. Cost of Plumbing Work $ 4830

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Inital
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
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	
	Gas Piping	
	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 $ 0
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
Total Fees $ _____

Description of Work:
NEW SINGLE FAMILY HOME NEWPORT - MODEL CHANGED TO LEXINGTON ON 9-27-99

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

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

Permit No. **19991267**
Control No. **19044**
Block/Lot 18309/6
Date 1/31/00

Certificate of Occupancy

IDENTIFICATION

Block/Lot 18309/6
Work Site Location 11 RED GRAVEL CIRCLE
,
Owner in Fee/Occupant PAPARONE HOMES OF NEW JERSEY
Address
,
Telephone
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-3
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

NEW SINGLE FAMILY HOME NEWPORT - MODEL CHANGED TO LEXINGTON ON 9-27-99

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

Permit Fee $ 1,500
Paid [ ] Check No.
Collected by:

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

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

Permit No. **20010464**
Control No. **23005**
Parcel(Block/Lot). **18309/6**
Applic/Issued. **3/20/01 / 4/23/01**

Construction Permit

Work Site Location 11 RED GRAVEL CIRCLE, Sick

Owner in Fee..... **MR. & MRS. RYAN LUBUDA**
Address..... 11 RED GRAVEL CIRCLE
Sicklerville, NJ 08081
Phone..... (856)740-3199

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

Permission is hereby granted to do the following work:

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

Description of Work:
Alterations, Inground Pool 16x6x32.6
An Approved 48 Inch Minimum Barrier Around
Entire Pool Area Is Required. (approved:pleas

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: $22,600

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	$64
Electrical	76
Plumbing	0
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	18
Certificate of Occupancy	0
Other	0
Total	$140
Check#/Cash.....	
Paid	$140
Collected By	

Total Administrative Fee: $0

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

Gloucester Township
BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receiv 3/20/2001
Control # 23005

Date Issued 4/23/2001
Permit # 20010464

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

Block/Lot 18309/6

Work Site Location 11 RED GRAVEL CIRCLE

Owner in Fee: MR. & MRS. RYAN LUBUDA

Tel. (856)740-3199 e-mail

Address: 11 RED GRAVEL CIRCLE (Street) Sicklerville, NJ 08081 (municipality, zip code)

Contractor: Tel.

Address: e-mail

Contractor License No. Exp. Date

Federal Emp. ID No. FAX

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Recuired
[ ] Elec. [ ] Plumb [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Inital
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Final				
Other				

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed
Constr. Class 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.
Total Land Area Disturbet Sq. Ft.

Est. Cost of Bldg. Work :
1. New Bldg. $
2. Rehabilitation $
3. Total (1+2) $ 22,000

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

Alterations, Inground Pool 16x6x32.6
An Approved 48 Inch Minimum Barrier Around
Entire Pool Area Is Required. (approved:pleas

TYPE OF WORK

- [ ] New Building
- [ ] Addition
- [ ] Rehabilation
- [ ] 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)

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

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

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

Gloucester Township
ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receive 3/20/2001
Control # 23005

Date Issued 4/23/2001
Permit # 20010464

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

Block/Lot 18309/6

Work Site Location 11 RED GRAVEL CIRCLE

Owner in Fee: MR. & MRS. RYAN LUBUDA

Tel. (856)740-3199 e-mail

Address: 11 RED GRAVEL CIRCLE (Street) Sicklerville, NJ 08081 (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 U

☐ Pole/pad # ☐ Temporary Service ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 600 Descript: Alterations, Inground Pool 16x6x32.6An

Approved 48 Inch Minimum Barrier Around

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Inital
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07105) Internet version

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

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	
		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	

Administrative Surcharge $ 0

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

Gloucester Township
FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/20/2001
Control # 23005

Date Issued 4/23/2001
Permit # 20010464

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

Block/Lot 18309/6

Work Site Location 11 RED GRAVEL CIRCLE

Owner in Fee: MR. & MRS. RYAN LUBUDA

Tel. (856)740-3199 e-mail

Address: 11 RED GRAVEL CIRCLE (Street) Sicklerville, NJ 08081 (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 U

Constr. Class Present Proposed

Heating System ☐ New ☐ Existing ☐ None ☐ HVAC

Type ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Other

Location

Fire Alarm System: [ ] New *OR* [ ] Existing

Location of Panel

Fire Suppression/Standpipe System:
☐ New ☐ Existing ☐ None

Location of Main Control Valve:

Fuel Storage Tank
Fuel Type ☐ Flamable ☐ Combustible ☐ None *Capacity*

Total Cost of Fire Protection Work $ 0

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Inital
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
Flam/Combust Tanks				
TCO				
Fireplace Venting				
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:
Alterations, Inground Pool 16x6x32.6
An Approved 48 Inch Minimum Barrier Around
Entire Pool Area Is Required. (approved:pleas

Water Supply Source
Method of Alarm/Suppression System Supervision

		FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
☐ **System**		
☐ **Interconnected 110 v**		
☐ **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 $	

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

Gloucester Township
PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/20/2001
Control # 23005
Date Issued 4/23/2001
Permit # 20010464

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

Block/Lot 18309/6
Work Site Location 11 RED GRAVEL CIRCLE

Owner in Fee: MR. & MRS. RYAN LUBUDA
Tel. (856)740-3199 e-mail
Address: 11 RED GRAVEL CIRCLE (Street) Sicklerville, NJ 08081 (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 U
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Septic
Est. Cost of Plumbing Work $ 0

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Inital
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
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	
	Gas Piping	
	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 $ 0
Minimum Fee $
State Permit Surcharge Fee $
Total Fees $

Description of Work:
Alterations, Inground Pool 16x6x32.6
An Approved 48 Inch Minimum Barrier Around
Entire Pool Area Is Required. (approved:pleas

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

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

Permit No. **20010464**
Control No. **23005**
Block/Lot 18309/6
Date 2/13/04

Certificate of Approval

IDENTIFICATION

Block/Lot 18309/6
Work Site Location 11 RED GRAVEL CIRCLE
,
Owner in Fee/Occupant MR. & MRS. RYAN LUBUDA
Address 11 RED GRAVEL CIRCLE
Sicklerville, NJ 08081
Telephone (856)740-3199
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 U
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Alterations, Inground Pool 16x6x32.6
An Approved 48 Inch Minimum Barrier Around
Entire Pool Area Is Required. (approved:pleas

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 $ 140
Paid [ ] Check No.
Collected by:

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

Permit No. **20010464 1**
Control No. **23257**
Parcel(Block/Lot). **18309/6**
Applic/Issued. **4/23/01 / 4/23/01**

Construction Permit

Work Site Location 11 RED GRAVEL CIRCLE

Owner in Fee..... **MR. & MRS. RYAN LUBUDA**
Address..... 11 RED GRAVEL CIRCLE
Sicklerville, NJ 08081
Phone..... (856)740-3199

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

Permission is hereby granted to do the following work:

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

Description of Work:
Pool Bonding

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: $200

Construction Official Date

Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times

PAYMENTS * (Office Use Only)

Building	$0
Electrical	36
Plumbing	0
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	0
Certificate of Occupancy	0
Other	0
Total	$0

Check#/Cash.....
Paid .....
Collected By .....

Total Administrative Fee: $0

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

Gloucester Township
ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receive 4/23/2001
Control # 23257

Date Issued 4/23/2001
Permit # 20010464 1

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

Block/Lot 18309/6

Work Site Location 11 RED GRAVEL CIRCLE

Owner in Fee: MR. & MRS. RYAN LUBUDA

Tel. (856)740-3199 e-mail

Address: 11 RED GRAVEL CIRCLE (Street) Sicklerville, NJ 08081 (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 U

☐ Pole/pad # ☐ Temporary Service ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 200 Descript: Pool Bonding

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Inital
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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	
		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	

Administrative Surcharge $ 0

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 07105) Internet version

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

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

Permit No. **200104641**
Control No. **23257**
Block/Lot 18309/6
Date 2/03/04

Certificate of Approval

IDENTIFICATION

Block/Lot 18309/6
Work Site Location 11 RED GRAVEL CIRCLE
,
Owner in Fee/Occupant MR. & MRS. RYAN LUBUDA
Address 11 RED GRAVEL CIRCLE
Sicklerville, NJ 08081
Telephone (856)740-3199
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 U
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Pool Bonding

CERTIFICATE OF OCCUPANCY
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CERTIFICATE OF APPROVAL
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[ ] Partial or limited time period (years); see file

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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

Permit Fee $ 0
Paid [ ] Check No.
Collected by:

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