



CHERRY HILL TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
Cherry Hill Township

Date Received: 2/26/2024
Tracking Number: _____
OPRA-Req-24-0350

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information

Payment Information

Name: Breean Stumpf
Address: _____
City: _____ State: NJ Zip: _____
Telephone: _____ Fax: _____
Email: xxxxxxxxxxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxxxxxxx.xxx
Preferred Delivery: E-Mail

Maximum Authorized Cost 0

Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual
cost of material

☐ If you are requesting records containing personal information: Under penalty of N.J.S.A.
2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of
New Jersey, any other state, or the United States.

Signature: _____ Date: _____

Record Request Information:

Location: 1604 PLEASANT DR

☐ Includes Common Law Request

Records requested: Any/All closed or open permits for 1604 Pleasant Drive Cherry Hill NJ 08003

AGENCY USE ONLY:

Est. Document Cost: _____
Est. Delivery Cost: _____
Est. Extras Cost: _____
Total Est. Cost: _____
Deposit Amount: _____
Estimated Balance: _____
Deposit Date: _____

AGENCY USE ONLY:

Disposition Notes:
Custodian: If any part of request cannot be
delivered in seven business days, detail
reason here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY:

Tracking Information:	Final Cost:
Tracking # _____	Total _____
Rec'd Date _____	Deposit _____
Ready Date _____	Bal. Due _____
Total Pages _____	Bal. Paid _____

Records Provided:

Custodian Signature:

Date:



CONSTRUCTION PERMIT APPLICATION

RECEIVED
JAN 13 2016
BUILDING INSPECTIONS

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 1604 Pleasant Dr

2. Name of Owner in Fee: Rutan
Tel. (856) 428 3747 e-mail _____

Address 1604 Pleasant Dr Cherry Hill NJ 08003
street municipality zip code

3. Ownership in Fee: Public _____ Private ☒ _____

4. Principal Contractor: J. Cwanger Inc Tel. (856) 795 5480
Address 1818 Morris Dr e-mail _____
Cherry Hill NJ 08003

License No. OR, if new home, Builder Reg. No. 138H0120740 Exp. Date 3/16

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: () _____

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. () _____ FAX: () _____

6. Responsible Person in Charge once Work has Begun Jules Cwanger
Tel. (856) 795 5480 FAX: (856) 795 1821

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>65</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee			
10. Subtotal	\$ <u>9</u>		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>74</u>		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

(office use only)

446

00029 016548 20160433 SF

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition

☐ Repair ☐ Alteration ☒ Renovation ☐ Reconstruction

☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES
(Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☒ Building	<u>4650</u>								
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	<u>4650</u>								

FOR OFFICE USE ONLY (Optional)

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: Single home

3. Change in Use Group, Indicate Present: _____

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale _____

Gained, Rental _____

Lost, Sale _____

Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: VB

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases

2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks

2. ☐ High Pressure Boilers

3. ☐ Pressure Vessels

4. ☐ Refrigeration Systems

5. ☐ Cross-Connections/Backflow Preventers

6. ☐ Hazardous Uses/Places of Assembly

7. ☐ Sprinklers/Standpipes

8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

10. ☐ Swimming Pools, Spas and Hot Tubs

11. ☐ LPGas Tanks

12. ☐ Fire Alarm

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

Agent Name Jules Cwanger

Address 1818 Morris Dr
Cherry Hill NJ 08003

Telephone 856 795 5480

Signature _____

- III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

- IV. ☐ HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.



Cherry Hill Township
820 Mercer Street, Room 205
Cherry Hill, NJ 08002

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued 2/10/2016
Control Number 97919
Permit Number 20160433
Permit Issue Date 2/4/2016
Certificate Number 20160433

Identification

Block: 528.09 Lot: 19 Qual: _____
Work Site Location: 1604 PLEASANT DRIVE CHERRY HILL, NJ 08003
Owner in Fee: RUTAN LAWRENCE R & JOANNE M. L/E
Owner Address: 1604 PLEASANT DRIVE CHERRY HILL NJ 08003
Telephone: (856) 428-3747
Contractor J CWANGER
Address 1818 MORRIS DRIVE CHERRY HILL NJ 08003
Telephone: (856) 795-5480 Fax: _____
License Number or Builders Registration Number: _____
Federal Emp. Number: _____

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: TYPE VB Use Group: R-5

Maximum Occupancy Load: 0 Maximum Live Load: 0

Description of Work/Use:
ROOFING

Certificate Comments:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Bruce 2/10/16
Construction Official U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____

Date Printed

Page



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 528.09 Lot 19 Qualification Code _____

Work Site Location 1604 Pleasant Pl

Owner in Fee: Rutan

Tel. (856) 260 428-3747 e-mail _____

Address 1604 Pleasant Pl Cherry Hill NJ 08013
street municipality zip code

Contractor: J C Wanger Inc Tel. (856) 795-5480

Address 1818 Morris Pl e-mail _____
Cherry Hill NJ 08013

Contractor License No. or Builder Registration No. 13VH01203400 Exp. Date 3/16

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (856) 795-1821

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date Initial	Type:	Failure	Failure	Approval Initial
☒ No Plans Required	<u>1/15/16</u>	Footings			
☐ All		Footings Bonding			
☐ Footings/Foundations		Foundation			
☐ Structural/Framework		Slab			
☐ Exterior		Frame			
☐ Interior		Truss Sys./Bracing			
Joint Plan Review Required:		Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator		Insulation			
SUBCODE APPROVAL for PERMIT		Finishes -Base Layer			
Date: <u>1/15/16</u>		Finishes -Final			
Approved by: <u>[Signature]</u>		Energy			
SUBCODE APPROVAL for CERTIFICATE		Mechanical			
☐ CO ☐ CCO ☒ CA		TCO			
Date: <u>2/5/16</u>		Other			
Approved by: <u>[Signature]</u>		Final			<u>2516 SK</u>
		Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present 16 Proposed _____ Constr. Class Present 1B Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work:

New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ _____

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ 4650

Max. Live Load _____ 3. Total (1+ 2) \$ 4650

Max. Occupancy Load _____

U.C.C. F110 (rev. 11/09)

Date Received
Control #

Date Issued
Permit #

2-4-16
2016-0433

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: [Signature]

Print name here: Jeff G. Gentry

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove existing roof +
Replace with new roof

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)

\$ _____
_____ 65 _____
_____ 9 _____
_____ 015 _____
_____ 74 _____

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

For reorder call: (609) 390-1400
Allegra Marketing • Print • Mail



Cherry Hill Township
820 Mercer Street, Room 205
Cherry Hill, NJ 08002
(856) 488-7855

Date Applied 1/27/2016
Date Issued 2/4/2016
Control # 97919
Permit # 20160433

CONSTRUCTION PERMIT IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: <u>528.09</u>	Lot: <u>19</u>	Qualifier: _____	Use Group: <u>R-5</u>
Work Site Location: <u>1604 PLEASANT DRIVE CHERRY HILL, NJ 08003</u>		Contractor: <u>J CWANGER</u>	
Owner in Fee: <u>RUTAN LAWRENCE R & JOANNE M. L/E</u>		Address: <u>1818 MORRIS DRIVE CHERRY HILL NJ 08003</u>	
Address: <u>1604 PLEASANT DRIVE CHERRY HILL NJ 08003</u>		Telephone: <u>(856) 795-5480</u>	
Telephone: <u>(856) 428-3747</u>		Lic. No. or Bldrs. Reg. No. _____	
		Federal Employee No. _____	

Is hereby granted permission to perform the following work:

- | | | |
|--|---|--|
| ☒ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER |
| ☐ Mechanical | (Subchapter 8 only) | |

DESCRIPTION OF WORK:

ROOFING

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 \$4,650

[Signature]
Construction Official

1/27/16
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)

035	Building	\$65
039	Electrical	
032	Plumbing	
033	Fire Protection	
045	Elevator Devices	
046	Mechanical	
046	DCA Training Fee	\$9
040	CO Fee	
040	CCO Fee	
040	Other Cert Fee	
	Admin Surcharge	
043	Other	
	Admin Fee	
	Plan Review	
	COAH Fee	
044	Zoning	
	Open Fence	
	Sewer	
	Water	
037	Engineering	
	Shade Tree	
	Escrow	
	Local	
043	Doc Imaging	
Total		\$74

RECEIVED

FEB 04 2016

TAX COLLECTOR

Check No.	7672
Check	\$74
Cash	\$0
Credit	\$0
Collected By	Sandi Del Rocini



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 520.08 Lot 18 Qualification Code _____

Work Site Location 1604 Pleasant Dr

Owner in Fee: Rutan

Tel. (856) 260 448-3747 e-mail _____

Address 1604 Pleasant Dr Cherry Hill NJ 08003

Contractor: J C Wanger Inc Tel. (856) 795-5450

Address 1818 Morris Dr e-mail _____

Cherry Hill NJ 08003

Contractor License No. or Builder Registration No. 12VH0203100 Exp. Date 3/10

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (856) 795-1821

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: Jeff G. Gentry

Print name here: Jeff G. Gentry

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove existing roof +
Replace with new roof

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)

\$ _____
_____ 65 _____

Administrative Surcharge \$ _____
Minimum Fee \$ 65
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 14

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required	<u>1/10/06</u>		Type:	Failure Failure Approval Initial
☐ All			Footings	
☐ Footings/Foundations			Footings Bonding	
☐ Structural/Framework			Foundation	
☐ Exterior			Slab	
☐ Interior			Frame	
Joint Plan Review Required:			Truss Sys./Bracing	
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free	
SUBCODE APPROVAL for PERMIT			Insulation	
Date: _____			Finishes -Base Layer	
Approved by: _____			Finishes -Final	
SUBCODE APPROVAL for CERTIFICATE			Energy	
☐ CO ☐ CCO ☐ CA			Mechanical	
Date: _____			TCO	
Approved by: _____			Other	
			Final	
			Barrier-Free	

B. BUILDING CHARACTERISTICS

Use Group Present RG Proposed _____ Constr. Class Present IB Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work:

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

1. New Bldg. \$ 4050
2. Rehabilitation \$ 4050
3. Total (1 + 2) \$ 4050

Date Received
Control #
Date Issued
Permit #

24-16
2016-0433

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (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	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									

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

Name of Code & Edition	Name of Code & Edition	Other
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
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

