Dennis Township
571 Petersburg Road
P.O. Box 204
Dennisville, NJ 08214

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued 8/7/2025
Control Number C-24-00331
Permit Number 20240213
Permit Issue Date 7/8/2024
Certificate Number 20240213

Identification

Block: 253.03 Lot: 16.12 Qual:

Work Site Location: 18 RAVENWOOD E DR Cape May Court House, NJ 08210

Owner in Fee: CREDE, KATHRYN
Owner Address: 103 KULP RD HARLEYSVILLE PA 19438
Telephone: (215) 206-6970

Contractor BRIGGS GENERAL CONTRACT
Address 27 RAVENWOOD DRIVE EAST CMCH NJ 08210
Telephone: (609) 425-7739 Fax:
License Number or Builders Registration Number:
Federal Emp. Number:

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private
Construction Classification: Use Group: R-5
Maximum Occupancy Load: Maximum Live Load:
Description of Work/Use:
DEMO FIRE DAMAGED SFD

Certificate Comments:

☐ **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:

☐ **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:

Construction Official

U.C.C. F260 (rev. 08/05)

Fee: $0.00

Check Number:
Collected By:

Date Printed: 8/7/2025

Change of Contractor

BUILDING SUBCODE
TECHNICAL SECTION

RECEIVED
APR 15 2025
BY:

Date Received
Control #

Date Issued
Permit # 24-0213

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

Block 253.03 Lot 16.12 Qualification Code

Work Site Location 18 Ravenwood E

Owner in Fee:

Tel. ( ) e-mail

Address

Contractor: BRIGGS GENERAL CONTRACT Tel. (609) 425 7739
(street, municipality, zip code)

Address 27 RAVENWOOD DRIVE EAST e-mail briggscontracting@icloud.com

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH13156000

Federal Emp. ID No. FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DEMO 18 RAVENWOOD E DR
REMOVE & HAUL

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8-7-25
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			8-7-25	JD
Barrier-Free				

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 $

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) $ 13500

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit # 24-213

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

Block ______ Lot ______ Qualification Code ______

Work Site Location 18 Ravenwood DR EAST
CMCH, NJ 08210

Owner in Fee ______

Tel (215) 206 6970 e-mail KATHIECREDE@comcast.net

Address 103 Kulp Rd. Harleysville, PA 19438

Contractor ______ Tel. (___) ______

Address ______ e-mail ______

Contractor License No. or Builder Registration No. ______ Exp. Date ______

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

Federal Emp. ID No. ______ FAX (___) ______

C. CERTIFICATION IN LIEU OF OATH

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

Kathryn Crede
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Demo sfd

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date ______

Approved by ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Dates (Month/Day)

TYPE OF WORK
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ______ Height (maximum ft)
[ ] Sign ______ Sq. Ft.
[ ] Pool
[ ] Retaining Wall ______ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other ______
[X] Demolition

(Office Use Only)
$ ______

Administration Surcharge $ ______
Minimum Fee $ ______
State Permit Surcharge Fee $ 150
TOTAL FEE $ ______

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) $ ______

U.C.C. F110 (rev. 2/07)

Applicant: When submitting this form to your local Construction/Zoning Office, please provide ...

CONSTRUCTION PERMIT

Date Issued 7/8/2024
Control # C-24-00331
Permit # 20240213

IDENTIFICATION Block: 253.03 Lot: 16.12 Qualifier

Work Site Location: 18 RAVENWOOD E DR Cape May Court House, NJ 08210

Owner in Fee CREDE, KATHRYN
103 KULP RD HARLEYSVILLE PA 19438

Telephone: (215) 206-6970

Contractor CREDE, KATHRYN
Address 103 KULP RD HARLEYSVILLE PA 19438

Telephone: (215) 206-6970
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [ ] FIRE PROTECTION
- [x] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
DEMO FIRE DAMAGED SFD

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 $8,000

Construction Official

7/8/2024
Date

PAYMENTS (Office Use Only)

Building	$150
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$150
Check No.	7956
Cash	$0
Credit	$0
Collected By	Jessica Ferrier

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

June 13, 2024

To Whom It May Concern:

On September 13, 2023, our house at 18 Ravenwood Drive East, CMCH, NJ 08210 was struck by lightning and burnt down to an unrepairable state. As seen in the below photo, Comcast, Atlantic City Electric and South Jersey Gas Company all came out to disconnect services from the property on September 13, 2023. We have had some issues obtaining letters from these companies since we are officially no longer customers and our account numbers are no longer valid. However, all was disconnected on September 13, 2024. All neighbors have also been notified. Hopefully a permit to demo the property can now be issued.

Thank you,

Kathryn Crede & Gary Devine
103 Kulp Road
Harleysville, PA 19438
215 - 206 - 6970