

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: _____

Maximum Occupancy 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 NJACS:17 to the following extent.

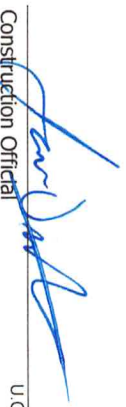
☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ **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)

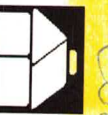
Fee: \$0.00

Check Number: _____
Collected By: _____

Date Printed: 8/7/2025



**BUILDING SUBCODE
TECHNICAL SECTION**



RECEIVED
APR 15 2025

Date Received
Control #
Date Issued
Permit #
24-0213

24-0213

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DEMOLITION 18 RAVERWOOD E DR
REMOVE & HAVL

Owner in Fee: _____
Tel. () _____ e-mail _____
Address _____
Contractor: **Steel** **RAVERWOOD CONSTRUCTION** Tel. (609) 425-7739
Address **27 RAVERWOOD DRIVE EAST** e-mail **briggscontracting@tdaod.com**
Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): **13VH13156060**
Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Approval
☐ No Plans Required			Footings		
☐ All			Footings Bonding		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Truss Sys./Bracing		
☐ Other			Barrier-Free		
Joint Plan Review Required:			Insulation		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes -Base Layer		
			Finishes -Final		
SUBCODE APPROVAL			Energy		
☐ CO ☐ CCO ☐ CA			Mechanical		
Date: 8-7-25			TCO		
Approved by: [Signature]			Other		
			Final		
			Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Const. Class	Present	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		\$
Max. Live Load			3. Total (1+2)		\$ 133500
Max. Occupancy Load					

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	\$



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, Contractor CREDE, KATHRYN
NJ 08210 Address 103 KULP RD HARLEYSVILLE PA 19438
Owner in Fee CREDE, KATHRYN Telephone: (215) 206-6970
103 KULP RD HARLEYSVILLE PA 19438 Lic. No. or Bldrs. Reg. No. _____
Telephone: (215) 206-6970 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
(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

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

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

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.

☒ 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:

☒ 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".

☒ 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

