construction inspections 118-03/10

From: Jamey Eggers
Sent: Tuesday, January 26, 2021 2:08 PM
To: construction inspections
Subject: RE: OPRA request - 34 Inverness drive delran information

Meegan,

Please see below request.

Thanks,

Jamey

-----Original Message-----
From: Amritpal Singh <opra+request-19845-f5051b62@requests.opramachine.com>
Sent: Saturday, January 23, 2021 9:57 PM
To: Jamey Eggers <jeggers@delrantownship.org>
Subject: OPRA request - 34 Inverness drive delran information

Dear Delran 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. I'm looking to purchase this home and wanted to obtain all history on this property.

Records requested:

34 Inverness Drive delran nJ 08075

- flood info

- permit info

- general property info.

- Tax card

Yours faithfully,

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 8-24-12
Control #

Date Issued
Permit # 20130331

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

Block 118.03 Lot 10 Qualification Code

Work Site Location 34 Inverness Dr
Delran NJ 08075

Owner in Fee: Alap Modi

Tel. (732) 670-1590 e-mail

Address 34 Inverness Dr. Delran NJ. 08075
street municipality zip code

Contractor: OWNER Tel. (732) 670-1590

Address SAME 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: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	AUG 24 2012	
[ ] Footing		
[ ] Foundation		
[X] Frame	AUG 24	
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: ACCURLEX
Approved by: AUG 01 2014

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			01 Jul 14	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	7-16		7-31	SA
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure 12'6" Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 4,500.00
3. Total (1+ 2) $

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
(Overhang to front Door only -)
38.4 Sq feet Bluding -
New frame - new singles
new supports, 5"x5"x8' poll supports -

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

FEE (Office Use Only)
$

Administrative Surcharge $
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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 6-21-13
Control #

Date Issued
Permit # 20130457

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

Block 118.03 Lot 10 Qualification Code

Work Site Location 134 Inverness Dr Delran NJ

Owner in Fee: Mr. Mrs.

Tel. (732) 670-1590 e-mail

Address 34 Inverness Dr. Delran NJ

Contractor: Sel. Gen. Contracting (street, municipality) Tel. (856) 461-2025 (zip code)

Address 500 Front St Delran e-mail

Contractor License No. or Builder Registration No. 13VH02118500 Exp. Date 2/2013

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH02118500

Federal Emp. ID No. 22-3001420 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: Reroof. Install GAF 30 Year Timberline style roof Shingles over 1 existing layer of roof Shingles

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required	JUN 20 2013	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: JUL 16 2014
Approved by: McCURLEY

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			7-16	
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[X] 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 $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ 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 Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 4,300.00
3. Total (1+ 2) $ 4,300.00

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 4-6-00
Date Issued
Control #
Permit # 00-0170

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

Block 118.03 Lot #10
Work Site Location 34 INVERNESS DRIVE, DELRAN N J. REAR.
Owner in Fee RAYMOND J ZIMACK
Address 34 INVERNESS DRIVE, DELRAN NJ 08075
Tele. (856) 461-6287
Contractor SAME
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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 Raymond Zimack

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DECK - SEE PLANS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[X] Footing	4/12	
[X] Foundation	4/12	
[X] Frame	5/3	
[X] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: MAY 08 2000
Approved by: MCGURL FM

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing			4/12	TC
Foundation				
Slab				
Frame			5/3	TC
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final	5/3		5/8	TC
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [✓] Other DECK

[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

B. BUILDING CHARACTERISTICS

Use Group Present 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 Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 2000.00
2. Alteration $
3. Total (1+ 2) $ 2000.00

U.C.C. F110 (rev. 3/96)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 3/25/99
Date Issued
Control #
Permit # 99-0109

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

Block 118.03 Lot 10
Work Site Location 34 INVERNESS DR. DELRAN NJ 08075
(GLENBROOK)
Owner in Fee THE QUAKER GROUP
Address 593 BETHLEHEM PIKE
MONTGOMERYVILLE NJ. 18936
Tele. (215) 822-9373
Contractor ~~SHELRON PLUMBING~~ ALPHA OMEGA Mech LP
Address 22 Sugarbush Rd.
Howell NJ 07731 928-4618
Tele. ( ) (908) 367-5066 Fax (732) 928-9018
Lic. No. 4954
Federal Emp. No. 22-2110705

B. PLUMBING CHARACTERISTICS

Use Group Present - Proposed R-4
Building Sewer Size 4" Public Sewer ✓ Private Septic
Water Service Size 1" Public Water ✓ Private Well
Est. Cost of Plumbing Work $ $ 4500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW pretty
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 3/26/99
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 8/20
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	6-1		6/14	
Water			8/16	SA
Sewer			8/16	SA
Fixtures				
Gas Equipment				
Gas Piping			6/14	
Solar				
TCO				

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.

Signature — Contractor's Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	$ 30
	Urinal/Bidet	
2	Bath Tub	20
4	Lavatory	40
1	Shower	10
	Floor Drain	
1	Sink	10
1	Dishwasher	10
	Drinking Fountain	
1	Washing Machine	10
2	Hose Bibb	20
1	Water Heater	10
	Fuel Oil Piping	
6	Gas Piping	60
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	60
1	Water Service Connection	60
3	Stacks VENT	30
1	Other GARBAGE DISPOSAL	10
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F130 (rev. 3/96)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE SUBCODE TECHNICAL SECTION

Date Received 3/25/99
Date Issued
Control #
Permit # 99-0109

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

Block 118.03 Lot 10
Work Site Location 34 INVERNESS DR. DELRAN NJ. 08075
(GLENBROOK)
Owner In Fee THE QUAKER GROUP
Address 593 BETHLEHEM PIKE
MONTGOMERYVILLE PA. 18936
Tele. (215) 822-9373
Contractor TRI. CURRENT ELECTRIC
Address P.O. BOX 1609
LAUREL SPRINGS NJ. 08021
Tele. (609) 346-1696 Fax ( ) _____
Lic. No. 12517
Federal Emp. No. 22-3356186

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present – Proposed R-4
Constr. Class Present – Proposed 5B
Heating Systems [✓] New [ ] Existing [ ] HVAC
Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: BASEMENT
Total Cost of Fire Protection Work $ 500.00

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 3-29-99
Approved by: _____

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 8-19-99
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
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.

_____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
SINGLE FAMILY DWELLING

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

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	7	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL	7	
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_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [✓] or Oil [ ] Fired Appliances	4	
Other _____		

RANGE
FURNACE
HOT WATER HEATER
DRYER

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 3/25/99
Date Issued
Control #
Permit # 99-0109

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

Block 118.03 Lot 10
Work Site Location 34 INVERNESS DR. DELRAN NJ 08075
(GLENBROOK)
Owner In Fee/Occupant THE QUAKER GROUP
Address 593 BETHLEHEM PIKE
MONTGOMERY VILLE PA. 18936
Tele. (215) 822-9373
Contractor TRI-CURRENT ELECTRIC
Address P.O. BOX 1609
LAUREL SPRINGS NJ. 08021
Tele. (609) 346-1696 Fax ( )
Lic. No. 12517
Federal Emp. No. 22-3356186

B. ELECTRICAL CHARACTERISTICS

Use Group Present — Proposed R-4
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as SFD Utility Co. PSE+G
Est. Cost of Elec. Work $ $3500.00

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
23	35	Lighting Fixtures	
43	55	Receptacles	
23	33	Switches	
7		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
96		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	1
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1	5	KW Dishwasher	
1	1	HP Garbage Disposal	
1	10	KW Central A/C Unit	
1	2	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date, Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 3/25/99
Approved by: RD

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 8/24/99
Approved by: Ed Jones

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			6/15/99	ES
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			6/15/99	ES
Final	8/18/99	8/20/99	8/24/99	ES

Temp. Cut-In Card Date Issued
Final Cut-In-Card Date Issued

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

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's Signature/Contractor's Seal and Signature

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3/25/99
Date Issued
Control #
Permit # 99-0109

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

Block 118.03 Lot 10
Work Site Location 34 INVERNESS DRIVE DELRAN NJ. 08075
GLENBROOK
Owner In Fee THE QUAKER GROUP
Address 593 BETHLEHEM PIKE
MONTGOMERYVILLE PA 18936
Tele. (215) 822-9373
Contractor THE QUAKER GROUP
Address 593 BETHLEHEM PIKE
MONTGOMERYVILLE PA. 18936
Tele. (215) 822-9373 Fax (215) 822-1265
Lic. No. or Bldrs. Reg. No. 020121
Federal Emp. No. 23-2490689

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 Joseph J Curley

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
SINGLE FAMILY DWELLING
421B06 "REGENCY" MODEL
4 BEDROOM
2 1/2 BATH
2 CAR GARAGE
FULL BASEMENT

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All
- [X] Footing 03-24-99
- [X] Foundation
- [X] Frame
- [/] Other

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 08-25-99
Approved by: MCCURLEY

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing			04-06	
Foundation			04-08	
Slab			04-16-99	
Frame	6/22		6/29	
Barrier-Free				
Insulation	7/1		7/6	
Finishes				
Energy				
Mechanical				
TCO				
Other Shanley			6/15	
Final			8/25	
Barrier-Free				

GAR. SLAB 04-21-99
BACKFILL 04-12-99 04-14 04-15-99
BASEMENT SLAB 04-20-99

TYPE OF WORK:

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

FEE (Office Use Only)

$ _____

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

I. BUILDING CHARACTERISTICS

Use Group Present — Proposed R-4
Constr. Class Present — Proposed 5B
No. of Stories 2
Height of Structure 28 Ft.
Area — Largest Floor 1680 Sq. Ft.
New Bldg. Area/All Floors 4640 Sq. Ft.
Volume of New Structure 55,200 Cu. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 97,170.00
2. Alteration $ -0-
3. Total (1+ 2) $ 97,170.00

U.C.C. F110 (rev. 3/90)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy