

Doretha Rita Jackson

From: jessica martin <opra+request-4086-d815fb71@requests.opramachine.com>
Sent: Tuesday, February 12, 2019 6:14 PM
To: OPRA requests at Palmyra Borough
Subject: OPRA request - 503 Garfield Avenue Palmyra NJ 08065

Dear Palmyra Borough,

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:

- Open construction permits
- Any information regarding the presence of an underground oil tank, if applicable, including permits, remediation reports, environmental reports
- Survey showing underground oil tank location (if applicable)
- Information regarding the presence of a septic system (permits, drawings, survey, etc)

Yours faithfully,

jessica martin

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-4086-d815fb71@requests.opramachine.com

Is djackson@boroughofpalmyra.com the wrong address for OPRA requests to Palmyra Borough? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=palmyra_borough

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/503_garfield_avenue_palmyra_nj_0

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 organization's website.

REC'D MUNICIPAL CLERK
FEB 13 2019 9:38

2019 -36



**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 83 Lot 2
Work Site Location 503 GARFIELD AVE. PALMURA, NJ 08065

Owner in Fee NADINE J. KEHL (DE SANTO)
Address SAME

Tele. (352) 303-9572
Contractor SELF
Address _____

Tele. () _____ Fax () _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)			
PLAN/REVIEW	Date	Initial	INSPECTIONS
☐ No Plans Required	_____	_____	Type: _____
☐ All	_____	_____	Footings
☐ Footings	_____	_____	Foundation
☐ Foundation	_____	_____	Slab
☐ Frame	_____	_____	Frame
☐ Other	_____	_____	Barrier-Free
Joint Plan Review Required:			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	_____	_____	Insulation
SUBCODE APPROVAL			
☐ CO ☐ CCO ☐ CA	_____	_____	Finishes
Date: _____	_____	_____	Energy
Approved by: _____	_____	_____	Mechanical
_____	_____	_____	TCO
_____	_____	_____	Other
_____	_____	_____	Final
_____	_____	_____	Barrier-Free

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ _____
No. of Stories	<u>1.5</u>	_____	2. Alteration \$ _____
Height of Structure	_____ Ft.	_____	3. Total (1+2) \$ <u>1100.00</u>
Area — Largest Floor	_____ Sq. Ft.	_____	
New Bldg. Area/All Floors	_____ Sq. Ft.	_____	
Volume of New Structure	_____ Cu. Ft.	_____	
Total Land Area Disturbed	_____ Sq. Ft.	_____	



Date Received
Date Issued
Control #
Permit #

4-22-02
2002-104

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

Re-Stage 25th GAR

TYPE OF WORK
☐ New Building
☐ Addition
☒ Alteration
☒ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ 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 \$ _____

U.C.C. F110
(rev. 3/96)

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



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received 4-6-95
Date Issued 4-6-95
Control #
Permit # 95-068

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

Block 83 Lot 2
Work Site Location 503 Garfield Ave
Owner in Fee Chris Baxter
Address 503 Garfield Ave
Tele. (609) 829-0648
Contractor _____
Address _____
Tele. (____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security 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.
Chris Baxter
Signature

**D. TECHNICAL SITE DATA
DESCRIPTION OF WORK**

4' fence

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
[] No Plans Req.	Type:			Failure	Failure	Approval	Initial
[] All	Footing						
[] Footing	Foundation						
[] Foundation	Shab						
[] Frame	Eframe						
[] Other	Insulation						
Joint Plan Review Required				Finishes:			
[] Elec.	[] Plumb.	[] Fire					
SUBCODE APPROVAL				Mechanical			
[] CO	[] CCO	[] CA					
Date:				Other			
Approved By:				Final			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Alteration \$
Height of Structure			3. Total (1+2) \$
Area—Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

(Office Use Only)

TYPE OF WORK:	Height (6' or over)	Sq. Ft.
[] New Building		
[] Addition		
[] Alteration		
[] Roofing		
[] Siding		
[] Fence		
[] Sign		
[] Pool		
[] Asbestos Abatement		
[] Other		
[] Other		
[] Demolition		

Paid	Check #	Administrative Surcharge
[]	<u>218</u>	
Collected by:	<u>[Signature]</u>	Minimum Fee
		DCA TRAINING FEE
		TOTAL FEE

Palmyra



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received 10-27-94
Date Issued 10-27-94
Control #
Permit # 94-248

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

Block 83
Work Site Location 503 Garfield Ave
Palmyra
Owner in Fee Baxter
Address 503 Garfield
Tele. (609) 534 0648 HO.
Contractor
Address
Tele. ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security 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.

Baxter
Signature

**D. TECHNICAL SITE DATA
DESCRIPTION OF WORK**

Storage Shed
120 sq.
1200 cu.

JOB SUMMARY (Office Use Only)			
PLAN REVIEW		Date	Initial
☐ No Plans Req.	INSPECTIONS		
☐ All	Type:		
☐ Footing	Footing		
☐ Foundation	Foundation		
☐ Frame	Slab		
☒ Other <u>Steel</u>	Frame		
Joint Plan Review Required:			
☐ Elec.	☐ Plumb.	☐ Fire	
SUBCODE APPROVAL			
☐ CO	☐ CCO	☒ CA	
Date:			
Approved By:			

B. BUILDING CHARACTERISTICS

Use Group Present 4 Proposed
Constr. Class Present
No. of Stories 1
Height of Structure 120 Ft.
Area—Largest Floor 120 Sq. Ft.
New Bldg. Area/All Floors
Volume of New Structure 10,812 Cu. Ft.
Total Land Area Disturbed 10,812 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 250,000
2. Alteration \$ 250,000
3. Total (1+2) \$ 500,000
1250.00
1250.00

TYPE OF WORK:
☒ New Building Shed.
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement
☐ Other
☐ Other
☐ Demolition

Height (6' or over) _____ Sq. Ft. _____

(Office Use Only)
FEE
460

Paid ☒ Check # 143 Administrative Surcharge \$
Collected by: M. G. [Signature] Minimum Fee \$
OCA TRAINING FEE \$ 21
TOTAL FEE \$