

RECEIVED JUN 15 2020

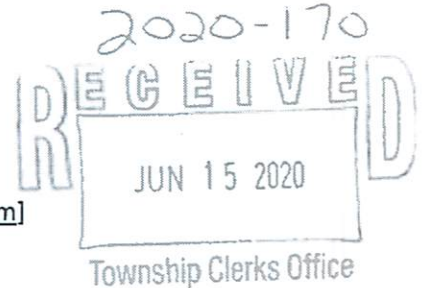
Brian Flynn

325.99/42 12-296

From: Diana McCracken
Sent: Monday, June 15, 2020 10:38 AM
To: Brian Flynn
Subject: FW: OPRA request - 52 W Susquehanna Dr. open permits and substantial damage report

-----Original Message-----

From: Anthony Clavin [<mailto:opra+request-14340-eb2c41f0@requests.opramachine.com>]
Sent: Monday, June 15, 2020 10:12 AM
To: Diana McCracken
Subject: OPRA request - 52 W Susquehanna Dr. open permits and substantial damage report



Dear Little Egg Harbor Township,

Please provide any open permits and substantial damage report for 52 W Susquehanna Dr

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:

Yours faithfully,
Anthony Clavin

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-14340-eb2c41f0@requests.opramachine.com

Is mccracken@leht.com the wrong address for OPRA requests to Little Egg Harbor Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=little_egg_harbor_township

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/52_w_susquehanna_dr_open_permits

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 organisation's website.



Township of Little Egg Harbor

665 Radio Road

Little Egg Harbor, New Jersey 08087

Telephone: 609-296-7241 / Facsimile: 609-296-5352

July 11, 2013

Vickie Stocchi
52 West Susquehanna
Little Egg Harbor NJ 08087

Re: **Notice of Substantial Damage Determination (Residential)**
Address: 52 West Susquehanna
Little Egg Harbor Township, NJ
A/k/a Block: 325.99, Lot: 42

Dear Ms. Stocchi:

We have reviewed your recent application for Super Storm Sandy (flood/water) related damage to your existing home that occurred on October 29, 2012. This property is located in a mapped Special Flood Hazard Area. As required by our floodplain management regulations and/or building code, we have determined that there is over 50% of substantial damage to the building. **This determination is based on the engineer's report, architect's report, the estimate from your New Jersey licensed contractor, or your proof of loss from your insurance company which you have provided to our office.**

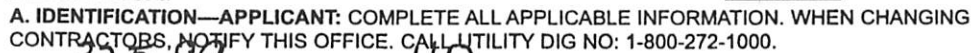
As a result of the determination, you are required to bring the building into compliance with the flood damage-resistant provisions of the regulations and/or code.

We would be pleased to meet with you and your designated representative (architect / builder) to discuss how to bring your home into compliance. There are several aspects that must be addressed to achieve compliance. The most significant requirement is that the lowest floor, as defined in the regulations / code, must be elevated to or above the base flood elevation (BFE) {or the elevation specified in the regulations / code}. You may wish to contact your insurance agent to understand how raising the lowest floor higher than the minimum required elevation can reduce NJIP flood insurance premiums.

Please resubmit your permit application along with plans and specification that incorporate compliance measures. Construction activities that are undertaken without a proper permit are violations and may result in citations, fines, or other legal action.

Very truly yours,

Mark Ellis,
Zoning Officer/Flood Plain Manager



2 Canary = Office Copy
4 Gold = Applicant Copy



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

4/23/12
12-296

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

Block 325-99 Lot 42 Qualification Code _____
Work Site Location 52 Susquehanna Dr. West
Little Egg Harbor 08087
Owner in Fee: Rickie Stocchi
Tel. (609) 709-5348 e-mail _____
Address same Little Egg Harbor 08087
street municipality zip code
Contractor: P. R. Sanders, INC. Tel. (856) 429-3086
Address 100 Park Drive e-mail info@prsanders.com
Voorhees, NJ 08043

Contractor License No. NJ MPL # 6726 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00471800
Federal Emp. ID No. 22-276-9644 FAX: (856) 429-6043

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 4865

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)			
		Type:	Failure	Failure	Approval	Initial	
☒ No Plans Required		Slab					
☐ Partial -Underslab Utilities Approved		Rough					
Date: <u>4/9/12</u> Approved by: <u>JK</u>		Water					
☒ Plumbing Plans Approved		Sewer					
Date: <u>4/9/12</u> Approved by: <u>JK</u>		Fixtures					
Joint Plan Review Required:		Gas Equipment					
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Piping					
SUBCODE APPROVAL for PERMIT		LPGas Tank					
Date: <u>4/9/12</u>		Fuel Oil Piping					
Approved by: <u>JK</u>		Solar					
SUBCODE APPROVAL for CERTIFICATE		TCO					
☐ CO ☐ CCO ☐ CA		Final					
Date: _____							
Approved by: _____							

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 sign/Contractor sign and seal here: Peter R. Sanders

Print name here: Peter R. Sanders
☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Gas boiler w/ domestic hot water heating

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	\$ _____
	Urinal/Bidet	_____
	Bath Tub	_____
	Lavatory	_____
	Shower	_____
	Floor Drain	_____
	Sink	_____
	Dishwasher	_____
	Drinking Fountain	_____
	Washing Machine	_____
	Hose Bibb	_____
<u>1</u>	Water Heater	<u>15</u>
	Fuel Oil Piping	_____
	Gas Piping	_____
	LPGas Tank	_____
<u>1</u>	Steam Boiler	<u>75</u>
	Hot Water Boiler	_____
	Sewer Pump	_____
	Interceptor/Separator	_____
	Backflow Preventer	_____
	Greasetrap	_____
	Sewer Connection	_____
	Water Service Connection	_____
	Stacks	_____
<u>1</u>	Other <u>Condensate</u>	<u>15</u>
		<u>105</u>

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



FIRE PROTECTION 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 325.99 Lot 42 Qualification Code _____
 Work Site Location Little Egg Harbor Susquehanna Dr. West
 Owner in Fee: Vickie Stocchi 0808
 Tel. (609) 709-5348 e-mail _____
 Address Same Little Egg Harbor 08087
 Contractor: P. R. Sanders, INC. Tel. (856) 429-3086
 Address 100 Park Drive e-mail info@prsanders.com
Voorhees, NJ 08043

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
 Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
 Fire Alarm Contractor No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00471800
 Federal Emp. ID No. 22-276-9644 FAX: (856) 429-6043

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____
 Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable OR [] Combustible
 Capacity _____
 Heating System: [] New OR [] Modification to Existing Fire Alarm System: [] New OR [] Existing
 OR [] Conversion OR [] Replacement Location of Panel: _____
 Fuel Type: [☒] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: _____
 [] Other _____ [] New OR [] Existing
 Location: _____ Location of Main Control Valve: _____
 Total Cost of Fire Protection Work \$ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[☒] No Plans Required
 [] Partial -Underslab Utilities Approved
 Date: 4/4/12 Approved by: [Signature]
 [] Fire Protection Plans Approved
 Date: _____ Approved by: _____
 Joint Plan Review Required:
 [] Bldg. [] Elec. [] Plumb. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____
 Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA
 Date: _____
 Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Peter R. Sanders

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source Gas boiler rplc.

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
Alarm Systems		
[] System	_____	_____
[] 110v Interconnected	_____	_____
[] CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	_____	_____
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	_____	_____
FM200 Suppression	_____	_____
Other _____	_____	_____
Other Systems		
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fuel-Fired Appliances ☒ Gas [] Oil [] Solid	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other _____	_____	_____

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 or visit our website:
www.AllegraMarmora.com

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

Date Received
 Control # 4/23/12
 Date Issued
 Permit # 12-296