Township of Lumberton
35 Municipal Drive
Lumberton, NJ 08048
609 - 2673217

Permit Number: 20250440
Update Number:
Control Number: 27019
Application Date: 09/11/2025
Permit Date: 09/23/2025

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 22.05 Lot: 30 Qualification Code:
Work Site Location: 13 MAYFAIR COURT LUMBERTON

Owner In Fee: BRUCE PAPARONE DEVELOPMENT, INC.
Address: 702 N WHITE HORSE PIKE
STRATFORD NJ 08084

Telephone: (609) 929-5968

Use Group(s): R-5

Contractor: BRUCE PAPARONE INC
Address: 702 N. WHITEHORSE PIKE
STRATFORD NJ 08084

Telephone: (856) 784-0550

Lic. No. / Bldrs. Reg. No.: 41227

Federal Emp. No.: 20-5311374

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
NEW SINGLE FAMILY DWELLING
LAURELTON, 4 BEDS, 2.5 BA, PARTIFALLY FINISHED BASEMENT, MORNING RM

ESTIMATED COST OF WORK:

Cost of Construction:	271,500.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$271,500.00

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.

PAYMENTS (Office Use Only)	
Building	$1,496.00
Electrical	$261.00
Plumbing	$724.00
Fire Protection	$247.00
Elevator Devices	
Mechanical	
VolFee	$154.00
AltFee	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	$75.00
CCO Fee	
Minimum Fee	
Total	**$2,957.00**
All Fees Waived:	No

Amount to be Paid:	**$2,957.00**
Check Number:	046617
Check amount:	$2,957.00

Jim Messina
Construction Official

Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Collected by:	CB
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$2,957.00
Total CC Amount:	
Grand Total:	$2,957.00

Note:

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 20.05 Lot 30 Qualification Code

Work Site Location 13 Mayflower Court
Lumberton, NJ 08048

Owner in Fee: Bruce Paparone Development, Inc

Tel. (609) 929-5968 e-mail ccollins@paparonenewhomes.com

Address 702 N White Horse Pike (street) Stratford (municipality) 08084 (zip code)

Contractor: Bruce Paparone Development, Inc Tel. (609) 929-5968

Address 702 N White Horse Pike e-mail same as above
Stratford, NJ 08084

Contractor License No. or Builder Registration No. 041227 Exp. Date 02/28/2017

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 205311374 FAX: (856) 627-0650

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.

Sign here: Chris Collins

Print name here: Chris Collins

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Rambler, 4 Beds, 2.5 Baths, partially finished basement, Masonry work on basement. 2 car front entry

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	9/18/15	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 11/6/15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
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				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5
No. of Stories 2
Height of Structure 31' 7 3/8" ft.
Area — Largest Floor 1,144 sq. ft.
New Bldg. Area/All Floors 2710 sq. ft.
Volume of New Structure 41,457 cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present VB Proposed VB

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 243,250
2. Rehabilitation $
3. Total (1+ 2) $ 243,250

TYPE OF WORK:
[X] 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 $

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block 22.05 Lot 30 Qualification Code

Work Site Location 13 Mayfair Court
Lumberton, NJ 08048

Owner in Fee: Bruce Paparone Development, Inc.

Tel. (856) 784-0550 e-mail ccollins@paparonenewhomes

Address 702 N White Horse Pike (street) Stratford (municipality) 08084 (zip code)

Contractor: DeLong Electric Co., Inc Tel. (856) 983-7077

Address 324 Route 73 e-mail delongelectric@verizon.net
Voorhees, NJ 08043

Contractor License No. 12569 Exp. Date 03/31/2027

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 221820562 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R5 Proposed R5

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as SFD Utility Co. PSE&G

Est. Cost of Elec. Work $ 11,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9-9-25
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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: Michael D. DeLong

Print name here: Michael D DeLong

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Laurelton,4 Bed,2.5 Baths,Morning Room,Finished Basement

QTY.	SIZE	ITEMS	FEE (Office Use Only)
39		Lighting Fixtures	
68		Receptacles	
38		Switches	
8		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
153		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
1	GAS	KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
1	5	KW Elec. Dryer/Receptacle	
1	2	KW Dishwasher	
1	1/2	HP Garbage Disposal	
2	5	KW Central A/C Unit	
2	2	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	
		AMP Subpanels (EV Car Charger)	
		AMP Motor Control Center	
		Fireplace	
2		Garage Door Openers	

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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 22.05 Lot 30 Qualification Code ____

Work Site Location 13 Mayfair Court
Lumberton, NJ 08048

Owner in Fee: Bruce Paparone Development, Inc.

Tel. (856) 784-0550 e-mail ccollins@paparonenewhomes.com

Address 702 N. White Horse Pike (street) Stratford (municipality) 08084 (zip code)

Contractor: DeLong Electric Co., Inc. Tel. (856) 983-7077

Address 324 Route 73 e-mail delongelectric@verizon.net
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. 12569 Exp. Date 03/31/2027

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

Federal Emp. ID No. 221820562 FAX: (856) 983-1195

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R5 Proposed R5

Constr. Class: Present VB Proposed VB

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other ____

Location: ____

Total Cost of Fire Protection Work $ 1,000

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity ____

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: ____

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date:____ Approved by: ____
[ ] Fire Protection Plans Approved
Date:____ Approved by: ____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: ____
Approved by: ____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: ____
Approved by: ____

INSPECTIONS	Dates (Month/Day)			
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 of) owner of record and am authorized to make this application.

Applicant/Contractor sign here: Michael D. DeLong

Print name here: Michael D. DeLong

D. TECHNICAL SITE DATA [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:
Water Supply Source Installation of Carbon & Smoke Detectors
Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[X] 110v Interconnected		
[X] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	8	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ____		
TOTAL	8	
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 [X] Gas [ ] Oil [ ] Solid	3	
Fireplace Venting/Metal Chimney		
Other ____		

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.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 22.05 Lot 30 Qualification Code

Work Site Location 13 Maple Court Tuckerton NJ 08048

Owner in Fee: Bruce Paparone Development, Inc

Tel. (609) 929-5968 e-mail ccollins@paparonenewhomes.com

Address 702 N White Horse Pike (street) Stratford (municipality) 08084 (zip code)

Contractor: James E. Conner Jr. Plumbing Tel. (856) 784-0004

Address 505 Rte 168 Suite B & C e-mail twoifson0717@yahoo.com

Turnersville, NJ 08012

Contractor License No. 11891 Exp. Date 06/30/2025

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223159136 FAX: (856) 772-5616

B. PLUMBING CHARACTERISTICS

Use Group Present R5 Proposed R5

Building Sewer Size 4" Public Sewer X Private Septic

Water Service Size 1" Public Water X Private Well

Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9.12.25
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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:

Print name here: Todd Wolfson

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Furniture, 4 Bdrm 2.5 Bath, Morning Room, Partial Finished Basement.

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

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F130 (rev. 10/17)
Internet version

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

Township of Lumberton
Zoning Permit

Application #:	**20065560**	Permit No:	**20065560.000**	Issue Date:	**09/11/2025**
Construction Control Number :					
Block:	**22.05**	Lot:	**30**	Qualifier:	
Work Site:	**13 MAYFAIR COURT**			Zone:	**Default**
Owner:	**BRUCE PAPARONE DEVELOPMENT, INC.**			Agent:	**BRUCE PAPARONE DEVELOPMENT, INC.**
Address:	**702 N WHITE HORSE PIKE**			Address:	
City/State/Zip:	**STRATFORD NJ 08084**			City/State/Zip:	
Telephone:	**609 9295968**			Telephone:	___-____
Fax:	(___)___-____			Fax:	(___)___-____
EMail:				EMail :	
Tenant:					

Voucher/Receipt #:	0
Check #:	046502
Amount collected:	$50.00

This is to certify that the above-described premises together with any building thereon, are approved for use as indicated below and as depicted on the Plot Plan:

NEW SINGLE FAMILY DWELLING - LAURELTON, 4 BEDS, 2.5 BA, MRNG RM, PARTIALLY FINISHED BASEMENT

Which is a:

[ ] Use permitted by Zoning Ordinance, Article - Section -

[ ] Use permitted by variance approved on _____, #_____ subject to any special conditions attached to the grant thereof.

[ ] Valid nonconforming use as established by ( ) findings of the Zoning Board of Adjustment or by ( ) the undersigned zoning officer or by ( ) Planning Board on the basis of evidence supplied by applicant. Conditions, if any:

[ ] There is a nonconforming structure on the premises by reason of insufficient

[X] Other: APPROVED AS SUBMITTED - NEW SINGLE FAMILY DWELLING

Catherine A. Borstad **Zoning Official**

This is NOT a Construction Permit

Lumberton

www.lumbertontwp.com

ZONING PERMIT APPLICATION

Zoning Fee $50.00

This application must be completed in full. The Township of Lumberton cannot be responsible for completing your application.

Please be advised that upon receipt of a "Complete" application, the Zoning Officer has ten (10) days to complete a review of the application. Upon approval by the Zoning Officer the application will be forwarded to the Building Department for review if required. The building office has twenty (20) days to complete their review.

Is this property Residential ✓ Commercial _____

1) Block 2205 Lot 30 Zone _____

2) Property Owner's Name: Bruce Paparone Development, Inc.
Address: 702 N. White Horse Pike, Stratford, NJ 08084
Phone: 609-929-5968 Fax: 856-627-0650 Contact Person Chris Collins

3) Applicants Name: (If different from Property Owner)(Not for Contractor Information)

Address (Location of Work): 13 Mayfair Court, Lumberton NJ 08048
Phone: 609-929-5968 Fax: 856-627-0650
Signature: Chris Collins Print Name: Chris Collins Date: 9/3/25

4) Contractors Name: Bruce Paparone Development, Inc Contact Person Chris Collins
Address: 702 N. White Horse Pike, Stratford Phone: 609-929-5968 Fax: 856-627-0650
Contractor License No. 041227
Signature: Chris Collins Print Name: Chris Collins Date: 9/3/25

5) Proposed Use & Specific Type of Business: Residential - Single Family Home
Description of Work:
Dwelling, 4 Beds, 2.5 Baths, Mornings room partially finished basement.

6) Setbacks: Front Line: 26' Rear Line: 37.7' Right Side Line: 12.5' Left Side Line: 8.5'
Fences Height (Front Yard) _____ (Side Yard) _____ (Rear Yard) _____

Lumberton

Building and Lot Coverage Worksheet

This is not a zoning approval.

Block: 9205 Lot: 30 Zone: _____ Acreage 0.150 Square feet 4555 SF

		Dimensions	Square feet
1	Lot size (multiply acreage by 43,560 to get square feet)		
	Building Coverage		
	Existing		
2	House		
3	Attached garage		
4	Attached deck		
5	Other attached		
6	Total existing building cover (add lines 2 thru 5)		
7	**Total % of existing building cover (line 6 divided by square feet in line 1 then mulitply by 100)**		
	Proposed (identify structure, e.g., addition, deck, attached garage, etc.)		
8	House		1589
9			
10			
11	Total proposed Building cover (add lines 8 thru 10)		1589
12	Total Building Cover in square feet - existing and proposed (add line 6 plus line 11)		+-54
13	**Total % Building cover (line 12 divided by square feet in line 1 then mutilpy by 100)**		24.2%
14	**Total % Building coverage permitted (from Planning and Zoning Staff)**		

		Dimensions	Square feet
	Lot Coverage		
	Existing		
15	Building cover from line 6		
16	Driveway (including stone)		
17	Sidewalk/patio		
18	Detached garage(s)		
19	Decking not attached to house		
20	Shed(s) or other accessory buildings		
21	Pool, including surrounding concrete deck		
22	Other		
23	Total existing lot cover (add lines 15 thru 22)		
24	**Total % of existing lot cover (line 23 divided by square feet in line 1 then mulitply by 100)**		
	Proposed (identify structure, e.g., patio, drive, pool, shed, garage, etc.)		
25	Building cover from line 11		1589
26	Walkway/Driveway		468
27			
28			
29	Total proposed lot cover (add lines 25 thru 28)		2057
30	Total Lot cover in square feet - existing and proposed (add line 23 plus 29)		2057
31	**Total % Lot cover (line 30 divided by square feet in line 1 then mulitply by 100)**		51.3%
32	**Total % Lot coverage permitted (from Planning and Zoning Staff)**		

C:\my Forms\lot-coverage-worksheet.xls rev. 11/8/04

35 Municipal Drive, Lumberton, New Jersey 08048

Phone (609) 267-3217 Fax (609) 267-5566