

Lindsay Cranmer

From: Jenny Gleghorn
Sent: Monday, September 23, 2024 10:45 AM
To: Lindsay Cranmer
Subject: FW: [EXTERNAL]:OPRA request - Code Enforcement Violations

Jenny Gleghorn, RMC
Borough Administrator/Municipal Clerk
420 East Main Street
Tuckerton, New Jersey 08087
609-296-2701

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

From: anonymous [mailto:opra+request-67042-d1983f4e@requests.opramachine.com]
Sent: Monday, September 23, 2024 10:22 AM
To: OPRA requests at Tuckerton Borough <TuckertonBoroClerk@comcast.net>
Subject: [EXTERNAL]:OPRA request - Code Enforcement Violations

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Tuckerton Borough,

Please accept this electronic request for public records made under OPRA and the common law right of access. I am not required to fill out an official form or use a particular software platform to submit my request per NJSA 47:1A-6(f), which states that an email from a requestor including all of the information required on the adopted form shall suffice in place of a completed form as a valid government record request.

I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

I WILL NOT use the requested government records for a commercial purpose.

I AM NOT seeking records in connection with a legal proceeding.

Records requested:

Code Enforcement Violations from September 2022-September 2024

D. 1 - 9/8/23 18/21.02

228 Western Ave, Tuckerton NJ 08087

Municipal Court Violation Resolution/outcome (Construction) "Work Without a Permit 210-10. A. September 21, 2022

Any and all permits pulled and acquired for 228 Western

My preferred delivery method for response(s) to this request is by E-mail as attachments. Please confirm you have received this request. If you are not the custodian of records, please forward my request to that person and provide their email address to me for future reference.

Yours faithfully,

anonymous

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:

opra+request-67042-d1983f4e@requests.opramachine.com

Is TuckertonBoroClerk@comcast.net the wrong address for OPRA requests to Tuckerton Borough? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=tuckerton_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/code_enforcement_violations_7



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 _____ Lot _____ Qualification Code _____
Work Site Location _____
Owner In Fee: _____ e-mail _____

Tel. () _____ e-mail _____
Address _____
Contractor: _____
Address _____

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): _____
Federal Emp. ID No. _____ FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating System: [] New OR [] Modification to Existing _____
OR [] Conversion OR [] Replacement _____
Fuel Type: [] Gas [] Oil [] Electric [] Solar _____
Other _____
Location: _____
Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
[] No Plans Required	Alarm System				
[] Partial - Underslab Utilities Approved	Suppression Sys.				
Date: _____ Approved by: _____	Standpipe				
[] Fire Protection Plans Approved	Fire Pump				
Date: _____ Approved by: _____	Pre-Eng. System				
Joint Plan Review Required:	Mechanical				
[] Bldg. [] Elec. [] Plumb. [] Elev.	Smoke Control				
SUBCODE APPROVAL for PERMIT	TCO				
Date: _____	Flam/Combust Tanks				
Approved by: _____	Fireplace Venting				
SUBCODE APPROVAL for CERTIFICATE	Final				
[] CO [] CCO [] CA	Other				
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.

Applicant sign/Contractor sign and seal here:

Print name here:

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

DESCRIPTION OF WORK:

Water Supply Source _____

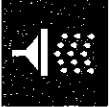
Method of Alarm/Suppression System Supervision _____

DESCRIPTION OF WORK:	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[] System		
[] 110v Interconnected		
[] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, waterflow)		
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 _____		

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



PLUMBING 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 18 Lot 21.02 Qualification Code _____
Work Site Location 228 WILSON AVE

Owner in Fee: OLSON

Tel. _____ e-mail _____

Address _____

Contractor MIKE CAULEY Tel. 610-242-3411 Municipality MANAHAWKAN

Address P.O. BOX 327 e-mail _____

Contractor License No. 10206 Exp. Date 6/1/17

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13K105023400

Federal Emp. ID No. 81-2428341 FAX: () _____

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 \$ 2800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type:	Failure	Failure	Approval
Joint Plan Review Required:	[] No Plans Required	Slab			
	[] Building	Rough			
	[] Electric	Gas Piping			
	[] Elevator	Sewer			
SUBCODE APPROVAL	[] CO	Water			
	[] CCO	Gas Equipment			
	[] CA	Other			
	[] CCO	LP Gas Tank			
	[] CA	Fuel Oil Piping			
	[] CA	Solar			
	[] CA	TCO			
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.
Michael J. Caran
Applicant's Signature/Contractor's Seal and Signature
[] Licensed Plumbing Contractor [] Exempt Applicant

Date Received
Control #

Date Issued
Permit #

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Ice Maker	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Gas Appliances	
	Boiler	
	Sump Pump	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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



BUILDING SUBCODE TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-1100.

Block 18 Lot 21.02
 Work Site Location 225 W. 1st St. W. 1st St.
 Owner In Fee Rich Olsen
 Address 225 W. 1st St. W. 1st St.

City Rich Olsen
 Address 225 W. 1st St. W. 1st St.
 Tele. Fax
 Lic. No. Reg. No.
 Federal Emp. No.

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Initial	Type:	Failure	Failure	Approval
☒ All Plans Required	<u>10/31/05</u>	☒ Footing			<u>11/25/05</u>
☐ Foundation		☐ Slab			
☐ Frame		☐ Insulation			
☐ Other		☐ Barrier-Free			
Joint Plan Review Required:		☐ Finishes			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator		☐ Energy			
SUBCODE APPROVAL		☐ Mechanical			
☐ CO ☐ CCO ☒ CA		☐ TOC			
Date: <u>10/31/05</u>		☐ Other			
Approved by: <u>[Signature]</u>		☐ Final			
		☐ Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work
Const. Class	Present	Proposed	1. New Bldg. \$ <u>6000</u>
No. of Stories			2. Alteration \$ <u>2000</u>
Height of Structure			3. Total (1+2) \$ <u>8000</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

6000 2000 8000
430 x 108 46 3830



BUILDING SUBCODE TECHNICAL SECTION

C. CERTIFICATION IN LIEU OF OATH
 I hereby certify that I am the owner of the property and the applicant for this application.

Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

deck off the back of my house. The dimensions will be 12 feet out by 50 feet long. Using 2 x 12 for joists & pouring 10 footings using 18 inch sonotubes join 40 inches deep

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☐ Alteration	
☐ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement Subchapter 5	
☐ Lead Hg. Abatement NAC 5.17	
☒ Other	<u>450</u>
☐ Demolition	

Administrative Surcharge Minimum Fee \$ 800
 DCA Training Fee \$ 800
 TOTAL FEE \$ 1600

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

U.C. #110
 (per 300)

Founded 1898

295-05

R-100

ZONING OFFICE
609-296-4916

CHECK # 1139
CASH _____

BOROUGH OF TUCKERTON

COUNTY OF OCEAN
140 E. MAIN STREET • TUCKERTON, NJ 08087
ZONING APPLICATION / PERMIT

FEE: 35.00 (Payable to TUCKERTON BOROUGH) DATE 10-18-05
APPLICANT Kirk Olsen PHONE _____
SITE 228 Western Ave. Tuckerton NJ B. 18 LOT 21.02
OWNER OF RECORD Kirk & Leanne Olsen PHONE _____
ADDRESS OF OWNER 228 Western Ave. Tuckerton NJ 08087

Fully describe proposed work/use. Attach copy of site plan.

I propose to construct a dock on the back of my house,
approx. 12 feet deep by 50 feet long. Using 2x12's for
posts and pouring footings as prescribed by code.

[Signature]
Signature of Applicant

Permit Approved X Permit Denied _____ Date 10/31/05
REMARKS: _____

[Signature]
Signature of Zoning Officer



Date Received 3-6-02
Date Issued
Control #
Permit # 050-02

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

DESCRIPTION OF WORK
New Single Family Dwelling

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

Block 18
Site Location 228 West 18th St.
Owner in Fee 18th Ave. Bldg. Co.
Lot 2102

Name _____
 Address _____
 City _____
 State _____
 Zip _____
 Telephone _____
 E-mail _____
 Fax _____
 Date _____
 Signature _____
 Title _____
 Company _____
 Federal Emp. No. _____
 Social Security No. _____
 Other _____
 Date _____
 Signature _____
 Title _____
 Company _____
 Federal Emp. No. _____
 Social Security No. _____
 Other _____

JOB SUMMARY (Office Use Only)										
PLAN REVIEW	Date	Initial	INSPECTIONS				Failure	Dates (Month/Day)	Initial	
☒ 16 Plans Req.	2-25-62	WJH	☒ Footing	☒ Foundation	☒ Slab	☒ Frame	☒ Insulation	☒ Flashing	6-27-62	WJH
☒ All			☒ Footing	☒ Foundation	☒ Slab	☒ Frame	☒ Insulation	☒ Flashing	6-27-62	WJH
☒ Foundation			☒ Footing	☒ Foundation	☒ Slab	☒ Frame	☒ Insulation	☒ Flashing	6-27-62	WJH
☒ Other			☒ Footing	☒ Foundation	☒ Slab	☒ Frame	☒ Insulation	☒ Flashing	6-27-62	WJH
Joint Plan Review Required:			☒ Elec.	☒ Plumb.	☒ Fire					
SUBGRADE APPROVAL										
CCO										
Date 6-26-62										
Approved By: [Signature]										

9. BUILDING CHARACTERISTICS

Est. Cost of Bldg. Work:	
1. New Bldg. \$	120,000.
2. Alteration \$	120,000.
3. Total (1+2) \$	240,000.

3. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Fl.	Sq. Ft.
Constr. Class	Present	Proposed	Sq. Ft.	Sq. Ft.
do. of Stories				
Height of Structure		25		
Area - Largest Floor		1250		
Area - All Floors		1250		
Volume of Structure		42500		
Area of Foundation		2000		
Area of Foundation		2000		

U.C.C. Form F-110A

PLC Form F-103a

1 White = Introductory Copy

2 Carat - Office Copy



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

3-6-02
050-02

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

Block _____
Work Site Location: 228 Western Ave
Owner in Fee: Joe Kordina
Address: 1000 Boulder Cdc
69 S. 14th St. S.W.
Contractor: Joe Kordina
Address: 228 Western Ave
Telephone: _____
Lic. No. _____ of Social Security _____

B. PLUMBING CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)	
PLAN REVIEW:	INSPECTIONS
☐ No Plans Required	Type: _____
☐ Joint Plan Review Required:	Slab: _____
☒ Bldg. & Elec.	Rough: _____
☒ Fire	Water: _____
☒ Plumbing	Sewer: _____
☒ Electrical	Fixtures: _____
Date: <u>3/28/02</u>	Gas Equipment: _____
Approved by: _____	Solar: _____
	Subcode Approval: _____
	Approved by: <u>Joe Kordina</u>
	Date: <u>3/28/02</u>

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 Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	24
1	Urinal/Bidet	8
1	Bath Tub	40
1	Lavatory	8
1	Shower	8
1	Floor Drain	8
1	Sink	8
1	Dishwasher	8
1	Drinking Fountain	8
1	Washing Machine	48
1	Hose Bibb	8
1	Water Heater	30
1	Fuel Oil Piping	
1	Gas Piping	
1	Steam Boiler	
1	Hot Water Boiler	
1	Sewer Pump	
1	Interceptor/Separator	
1	Backflow Preventer	
1	Grasstrap	
1	Water Cooled A/C	8
1	or Refrigeration Unit	50
1	Sewer Connection	24
1	Water Service Connection	24
1	Active Solar System	32
1	Other	

Paid by: [] Check # _____ Minimum Fee \$ 342.00
[] DCA Training Fee \$ _____
Collected by: _____ TOTAL \$ _____
25/6 H
31 C
1 Whole = Inspector Copy
2 Candy = Office Copy
3 Print = Office Copy
4 Gold = Applicant Copy



3-6-02
Date Received
Data Issued
Control # 056-02
Permit #

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

Block 18
Work Site Location 228 Western Ave
Owner in Fee Park Builders LLC
Address 60 County Rd. State St
Tel. 755-0000
Contractor
Address
Tele.
Lic. N. 135
Federal Emp. No. 135
or Social Security

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Heating Systems ☐ New ☐ Existing
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar
Location: ☐ Other
Total Est. Cost of Fire Prot. Work \$ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
☐ No Plans Required
☐ Joint Plan Review Required:
☐ ELEC. ☐ PLUMB
☐ ELEV. ☐ MECHANICAL
Date: 12/10/02
Approved by: [Signature]
SUBCODE APPROVAL:
☐ CO ☐ CCO ☐ Other
Date: 12/10/02
Approved by: [Signature]

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: [Signature]
Date: 12/10/02

D. TECHNICAL SITE DATA

Description of Work
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision
Flammable Liquid Storage Tanks
Combustible Liquid Storage Tanks
L.P.G. Storage Tanks
Fuel
Capacity
Fuel
Capacity
Fuel
Capacity

FEE (Office Use Only)

Number
Wet Sprinkler Heads
Dry Sprinkler Heads
TOTAL
Smoke Detectors
Heat Detectors
TOTAL
Stand Pipes
Kitchen Hood Exhaust Systems
Pre-Engineered Systems
CO₂ Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical
Gas or Oil Fired Appliance
OTHER
Administrative Surcharge
Minimum Fee
DCA Training Fee
TOTAL FEE \$

UCC Form F-1428 1 White - Inspector Copy 2 Clerk - Office Copy 3 Print - Office Copy 4 Gold - Applicant Copy

TOWNSHIP OF BECAITWAY
Registration & Reg. Fee Div.
100 Hwy 101, Box 100
Beaumont, BC V8R 1A1
(250) 542-2325



PLUMBING SUBCODE
TECHNICAL SECTION

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

Block 18 Lot 21.02 Qualification Days
Work Site Location 2100 West 2nd Ave
Owner in Fee John Doe
Address 123 Main St
To John Doe
Contractor John Doe Plumbing
Address 123 Main St
Contractor License No. 12345678
Federal Emp. No. 12345678

B. PLUMBING
Use Group Present Proposed Private Septic
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work \$ 300

JOB SUMMARY (Office Use Only)
PLAN REVIEW
☒ No Plans Required
☐ Building ☐ Electric
☐ Fire ☐ Elevator
☐ Plumbing Plans Approved
Date: 4/25/19
Approved by: [Signature]
SUBCODE APPROVAL
☐ CO ☐ CC ☐ CA
Date: 5/15/19
Approved by: [Signature]

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
[] Licensed Plumbing Contractor [] Exempt Applicant

Date Received Control # 5-22-06
Date Issued Permit # 21-06



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

No.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bib
	Water Heater
	Fuel Oil Piping
	Gas Piping
	LPG Gas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventing
	Grasstrap
	Sewer Connection
	Water Service Connection
	Stacks
	Other

Administrative Surcharge \$ 65.00
Minimum Fee \$ 65.00
State Permit Surcharge Fee \$ 65.00
TOTAL FEE \$ 65.00

UCC.F132
(rev. 1994)
1 Where - Inspector's Copy
2 Where - Office Copy
4 Gold - Applicant Copy



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

Block _____
Work Site Location _____
Owner's Name _____

Address _____ NJ _____
Contractor: P.O. Box 610
211 North County Line Road
Jackson, NJ 08527
Contractor License No. 732-367-4408

B. ELECTRICAL CHARACTERISTICS
Use Group _____ Present _____
Building Occupied as _____
Est. Cost of Elec. Work \$ _____

PLAN REVIEW (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
() No Plans Required			Type:				
Joint Plan Review Request:			Rough				
() Building			Barrier-Free				
() Fire			Trench				
() Elevator			Temp. Serv.				
() Elec. Plans Approved			Consol. Serv.				
Date:			TCO				
Approved by:			Other				
			Service				
			Final				
SUBCODE APPROVAL			Barrier-Free				
() CO			Temp. Cut-in-Card Date Issued				
() CC			Final Cut-in-Card Date Issued				
Date:			Annual Pool Inspection				
Approved by:			Date of Grounding and Bonding				
			Certification				

APPROVED

U.S.C. F-100 Rev. 05/05 1 White - Inspector Copy 2 Green - Owner Copy 3 Blue - Applicant Copy
Reorder from OGD Printing (609) 398-4375

Date Received _____
Control # : MAY 15 05 01 4 07
Date Issued _____
Permit # _____

C. CERTIFICATION IN LIEU OF OATH
(I hereby certify that I am the licensed owner of record and am authorized to make this application and perform the work shown on this application.)

Applicant's Signature/Contractor's Seal and Signature _____
() Licensed Elec. Contractor () Certified Landscape Irrigation Contr. () Exempt Applicant

D. TECHNICAL SITE DATA
QTY. SIZE ITEMS

Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors-Frac. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		
TOTAL NUMBERS		
Pool Permit/With UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range/Receptacle		
KW Over/Under Unit		
KW Elec. Water Heater		
KW Elec. Dryer/Receptacle		
KW Dishwasher		
HP Garbage Disposal		
KW Central A/C Unit		
HP/KW Space Heater/Air Handler		
KW Baseboard Heat		
HP Motors 1/2 HP		
KW Transformer/Generator		
AMP Service		
AMP Subpanels		
AMP Motor Control Center		
KW Elec. Sign/Outline Light		
Administrative Surcharge \$		
Minimum Fee \$		
State Permit Surcharge Fee \$		
TOTAL FEE \$	35	

FEE (Office Use Only)

**TUCKERTON BOROUGH
CONSTRUCTION OFFICE
CODE ENFORCEMENT
420 E MAIN ST
TUCKERTON N.J. 08087**

VIOLATION NOTICE

Please be advised that you are in violation of an existing Tuckerton Borough Ordinance(s) regarding the following violation (s)

- | | |
|--|--|
| <p>☐ GRASS, WEEDS OR BRUSH # 103-1</p> <p>☒ TRASH & DEBRIS # 223-2 & IPMC# 308.1</p> <p>☐ UNREGISTERED VEHICLE # 210-4</p> <p>☐ EXTERIOR PROPERTY MAIN. IPMC#302.-5</p> <p>☐ Vacant Structure & Land Maint. IPMC 301.3</p> <p>☐ NO BUILDING PERMIT # 231-27</p> <p>☐ PROPERTY MAINTENANCE IMPC#302</p> <p>☐ HOUSE NUMBERS # 110 (1-11)</p> <p>☐ IPMC PROTECTIVE TREATMENT 304.</p> <p>☐ ZONING 255-46 (A)</p> | <p>☐ Maintenance # 118-9 Bulkhead</p> <p>☐ VISUAL OBSTRUCTION #255-369</p> <p>☐ NO ZONING PERMIT #255</p> <p>☐ NO RENTAL C.L # 122-1</p> <p>☐ R.V. STORAGE ON LOTS 255-48.2</p> <p>☐ STORAGE ON RES. LOT#255 48.1</p> <p>☐ SIGNS GENERAL REGS. 255-60</p> <p>☐ FENCE MAINT. 210-14 D-(4)</p> <p>☐ BOAT/TRAILER STORAGE 255-45</p> |
|--|--|

ORDINANCE # 223-2 COPY ENCLOSED.

You are being issued this notice as a courtesy. You have 10 days from the date of this notice to contact this office or comply with this request. Failure to do this will result in a court summons being issued. If there are any questions please call 609-296-3254.

Name: Mr. Kirk D. Olsen

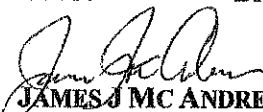
Date: 9/8/2023

Address: 228 Western Ave. Tuckerton NJ 08087

Site: 228 Western Ave. Tuckerton NJ 08087

Block: 18

Lot: 21.02


JAMES J MC ANDREW
CODE ENFORCEMENT OFFICER
TUCKERTON N.J. 08087
609-296-3254

GARBAGE:

All regular household waste must be placed in the Borough Issued automated collection container. The automated container shall be placed curbside by 6:30 a.m. on your designated garbage pick-up day. The automated container shall be removed no later than 8:00 p.m. the day of collection.

AUTOMATED COLLECTION CONTAINER:

All household waste shall be bagged when placed in the container. The collection container must have a 4 foot clearance around it, in order to be properly emptied. The collection container is the property of the Borough of Tuckerton and must be maintained by each homeowner as if it were their own. If the container is damaged in any way, other than by the Public Works Department it will be the homeowner's responsibility to purchase a replacement from the Borough.

GARBAGE CONTAINERS SHOULD:

- Not be placed curbside prior to 24 hours before your scheduled pick-up and container shall be removed by 8:00 p.m. the day of collection.
- Not contain any recyclable material.
- Not contain hazardous materials such as, but not limited to paint, pesticides, motor oil, antifreeze, fluorescent tubes, weed killer, propane tanks, etc. Please contact the Public Works Dept. for a hazardous waste drop off schedule.
- Not contain anything other than household waste.

BRUSH/SHRUBS/WOOD/CARPET:

- Larger than 3" in diameter must be disposed of by the homeowner. The Public Works Dept. will not collect logs, stumps, tree trunks, etc.
- Must be tied in bundles not to exceed 4 ft. in length and 40 lbs. in weight.
- Carpet must be rolled up-rolls shall not exceed 4 ft. in length and 40 lbs. in weight.

BULK PICK-UP: Call 609-296-5058 to arrange pick-up of bulk items.

- A Permit is required for Air Conditioners, Refrigerators and Water Coolers

CONSTRUCTION/REMODELING/DEMOLITION DEBRIS:

- Homeowners are responsible to get a private dumpster when a permit is required as per the Uniform Construction Code Standard.

TIRES/FLUORESCENT BULBS:

- ✓ Tuckerton Public Works does NOT accept these items, please contact the Southern Ocean Recycling Center in Manahawkin at 609-978-0913 to see how you can dispose of these items with them.

HOUSE CLEANOUTS:

The Public Works Dept. WILL NOT collect garbage/trash from a house cleanout. It is the homeowner's responsibility to obtain a private dumpster service for disposal of such debris.

COMMENTS: 228 Western - Must obtain
Private dumpster or dispose of privately.
Construction debris is not accepted at
the yard, or by curbside pick up.
7/26/23

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VIOLATION NOTICE

Please be advised that you are in violation of existing Tuckerton Borough ordinance(s) regarding the following violation (s)

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| ☐ HIGH WEEDS, GRASSES # 103-1 & IMPC | ☐ Bulkhead Maintenance # 118-9 |
| ☐ TRASH & DEBRIS # 210-3 & IPMC# 308.1 | ☐ VISUAL OBSTRUCTION #255-36 |
| ☐ UNREGISTERED VEHICLE # 210-4 | ☐ NO ZONING PERMIT #255-63.4 |
| ☐ NO POOL PERMIT 255-44 (D) | ☐ NO RENTAL C.I. # 122-1 |
| ☐ DOG RUNNING AT LARGE # 93-1 | ☐ SNOW REMOVAL # 229-28 |
| ☐ NO BUILDING PERMIT # 231-27 | ☐ CONST. EQUIP. ON RES. LOT # 255-48.1 |
| ☐ PROPERTY MAINTENANCE # 210 & IMPC #302 | ☐ SIGNS GENERAL REGULATIONS 255-61 |
| ☐ HOUSE NUMBERS # 110 (1-11) | ☒ FENCE CONST. & MAINT. 210-10 |
| ☐ PROTECTIVE TREATMENT IMPC 304.2 | ☐ BOAT/TRAILER STORAGE 255-48.1(D) |

MR. OLSEN PLEASE GIVE THIS OFFICE A CALL UPON RECEIPT OF THIS NOTICE. THANK YOU.

You are being issued this notice as a courtesy. You have 10 days from the date of this notice to contact this office or comply with this request. Failure to do this may result in a summons being issued to you. If there are any questions please call 609-296-3254.

***IMPC International Property Maintenance Code

Name: Mr. & Mrs. Kirk D. Olsen

Date 9/22/2020

Address 228 Western Ave. Tuckerton NJ 08087

Site: 228 Western Ave. Tuckerton NJ 08087 Block: 18 Lot: 21.02


JAMES J. MC ANDREW
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