12/15

255-2020
Housing
12-1-2020

Kim Morrell

From: Vanessa Parent
Sent: Tuesday, December 1, 2020 2:02 PM
To: Kim Morrell
Subject: FW: OPRA request - Code Violations

Kim,
Can you please process today.
Thank you,
Vanessa

Vanessa L. Parent, RMC, CMR
City Clerk, Certified Municipal Registrar
512 Monmouth Street
Gloucester City, NJ 08030
856-456-0205, ext. 203
vanessa@cityofgloucester.org

-----Original Message-----
From: Evan Gross <opra+request-18773-30090820@requests.opramachine.com>
Sent: Tuesday, December 1, 2020 1:56 PM
To: Vanessa Parent <Vanessa@cityofgloucester.org>
Subject: OPRA request - Code Violations

Dear Gloucester City,

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:

All active code violations for residential properties.

Please include address and owner's information and address if possible in excel format.

Yours faithfully,

Evan Gross

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-18773-30090820@requests.opramachine.com

Is vanessa@cityofgloucester.org the wrong address for OPRA requests to Gloucester City? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=gloucester_city

255-2020
Housing
12-1-2020

Kim Morrell

From: Vanessa Parent
Sent: Tuesday, December 1, 2020 2:02 PM
To: Kim Morrell
Subject: FW: OPRA request - Code Violations

Kim,
Can you please process today.
Thank you,
Vanessa

Vanessa L. Parent, RMC, CMR
City Clerk, Certified Municipal Registrar
512 Monmouth Street
Gloucester City, NJ 08030
856-456-0205, ext. 203
vanessa@cityofgloucester.org

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Records requested:

All active code violations for residential properties.

Please include address and owner's information and address if possible in excel format.

Yours faithfully,

Evan Gross

THIS LIST DOES NOT EXIST. IT IS ESTIMATED THAT THE DEVELOPMENT OF THIS LIST WOULD TAKE 40 HOURS @ $40.86/HR = $1634.64

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-18773-30090820@requests.opramachine.com

Is vanessa@cityofgloucester.org the wrong address for OPRA requests to Gloucester City? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=gloucester_city

CITY OF GLOUCESTER CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

PO box 150, Gloucester City, NJ 08030
Phone: 856-456-0205; Fax 856-456-8030
Vanessa L. Parent, City Clerk
kim@cityofgloucester.org

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Kaitlin MI F Last Name Abrams

E-mail Address Kaitlin.abrams@ransomenv.com

Mailing Address 2127 Hamilton Avenue

City Hamilton State NJ Zip 08619

Telephone 609-498-6522 FAX

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / ~~HAVE NOT~~* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Kaitlin Abrams Date 12/1/2020

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Pursuant to N.J.A.C. 7:26C -7.9(b), in order to determine the protectiveness of the groundwater remedial action in preparation for submitting a groundwater biennial remedial action protectiveness certification report form, I am requesting the following information dated June 2018 through present-day: All documentation concerning actual changes in groundwater use and/or water use planning for Gloucester City; All documentation for any planned changes within a 25-year water use planning horizon for Gloucester City; and All documentation identifying any land use changes and/or disturbances at 400 Water Street (Block 104, Lots 1, 2, 4, 5, and 16), Gloucester City, NJ.

NA Housing

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____
Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 25-2020
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Water Dept.

Kim 12-1-2020
Custodian Signature Date

258-2020

DocuSign Envelope ID: 3FEBAD13-82FE-4EA0-BB72-5BE88386A803

CITY OF GLOUCESTER CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

PO box 150, Gloucester City, NJ 08030
Phone: 856-456-0205; Fax 856-456-8030
Vanessa L. Parent, City Clerk
kim@cityofgloucester.org

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Richard MI _____ Last Name Kinkler

E-mail Address rkinkler@mymainstreetrealty.com

Mailing Address _____

City _____ State _____ Zip _____

Telephone 8562970051 FAX _____

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other State, or the United States.

Signature Richard Kinkler Date 12/1/2020

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

I am requesting a copy of all open and closed permits for 6 N Broadway, Gloucester City, NJ 08030. Please email them to rkinkler@mymainstreetrealty,com.

2000 - 0206 ROOF
2006 - 0618 SIDING

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # 258-2020
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Housing

Custodian Signature

12-2-2020
Date

GLOU CITY CONSTR OFFICE
313 MONMOUTH STREET
456-7689

26150

Date Issued 04/18/200
Control #
Permit # 00-206

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 160 Lot 5 Qual

Work Site Location 6 A N. BROADWAY

Owner in Fee GLOUCESTER DEMO CLUB
Address 6 N. BROADWAY
GLOUCESTER, NJ 08030-
Telephone ( )

Contractor DEAN MARCHESE ROOFING INC
Address P.O. BOX 8307
TURNERSVILLE, NJ 08012-
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3062639

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
NEW ROOF 100%

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.

Estimated Cost of Work $ 3,400

John H. Hargraves 04/18/2000
Construction Official Date

U.C.C. Y170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	102
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	3
Cert. of Occupancy	0
Other	
Total	105
Check No.	1483
Cash	
Collected By	CM

GLOU CITY CONSTR OFFICE
313 MONMOUTH STREET
456-7689

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 01/05/2000
Date Issued 04/18/2000
Control #
Permit # 00-206

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

Block 160 Lot 5 Qual

Work Site Location 6 A N. BROADWAY

Owner in Fee GLOUCESTER DEMO CLUB
Address 6 N. BROADWAY
GLOUCESTER, NJ 08030-
Tele.( )
Contractor DEAN MARCHESE ROOFING INC
Address P.O. BOX 8307
TURNERSVILLE, NJ 08012-
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3062639

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

NEW ROOF 100%

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 3,400
3. Total (1+2) $ 3,400

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	102
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [X] Check # 1483 Minimum Fee	$ 0
Collected by: CM TOTAL FEE	$ 102
DCA Training Fee	$ 3

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

GLOU CITY CONSTR OFFICE
313 MONMOUTH STREET
456-7689

Date Issued 9/27/06
Control # C-160-5
Permit # 06-818

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 160 Lot 5 Qual

Work Site Location 6 A N. BROADWAY

Owner in Fee GLOUCESTER DEMOCRAT CLUB
Address 6 A N. BROADWAY
GLOUCESTER, NJ 08030-
Telephone (856)498-3195

Contractor RAIN BIRD
Address 333 BERGEN STREET
GLOUCESTER, NJ 08030-
Telephone (856)498-3195
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 20-0278310

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SIDING

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.

Estimated Cost of Work $ 100

Robert Scowden/cm
Construction Official

9/27/06
Date

PAYMENTS (Office Use Only)

Building	55
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	55
Check No.	2096
Cash	
Collected By	cm

U.C.C. F170 (rev. 3/96)

On any inspections, this Department will make a Smoke Detector Inspection. Smoke Detectors must be installed correctly and in working order.

CARBON MONOXIDE DETECTOR

INSTALLED

CARBON MONOXIDE DETECTOR REQUIRED

GLOU CITY CONSTR OFFICE
313 MONMOUTH STREET
456-7689

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/20/2006
Date Issued 9/27/06
Control # C-160-5
Permit # 06-618

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

Block 160 Lot 5 Qual
Work Site Location 6 A N. BROADWAY

Owner in Fee GLOUCESTER DEMOCRAT CLUB
Address 6 A N. BROADWAY
GLOUCESTER, NJ 08030-
Tele.(856)498-3195
Contractor RAIN BIRD
Address 333 BERGEN STREET
GLOUCESTER, NJ 08030-
Tele.(856)498-3195 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 26-0278310

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

SIDING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [X] CA
Date: 10/6/06
Approved By: NF

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			10/5/06	NF
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	3
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 100
3. Total (1+2) $ 100

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 52
TOTAL FEE	$ 55
DCA State Permit Fee	$ 0

Paid [ ] Check #
Collected by:

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

GLOU CITY CONSTR OFFICE
313 MONMOUTH STREET
456-7689

Date Issued 10/05/2006
Control #
Permit # 06-610

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 169 Lot 5 Qual
Work Site Location 6 A N. BROADWAY

Owner in Fee/Occupant GLOUCESTER DEMOCRAT CLUB
Address 6 A N. BROADWAY
GLOUCESTER, NJ 08030-
Telephone (856)498-3195
Contractor BATH BIRD
Address 333 BERGEN STREET
GLOUCESTER, NJ 08030-
Telephone (856)498-3195 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 20-0270319

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

SIDING

[ ] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ____.

CONSTRUCTION OFFICIAL
N.C.C. F260 (rev. 3/95)

Fee $ 0
Paid [X] Check No. 2096
Collected by: CM

259-2020 1

CITY OF GLOUCESTER CITY

OPEN PUBLIC RECORDS ACT REQUEST FORM

PO box 150, Gloucester City, NJ 08030
Phone: 856-456-0205; Fax 856-456-8030
Vanessa L. Parent, City Clerk
kim@cityofgloucester.org

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Christopher MI ____ Last Name Twardy

E-mail Address christopher.twardy@foxrothschild.com

Mailing Address 1025 Briggs Road, Suite 148

City Mount Laurel, NJ State NJ Zip 8054

Telephone 609-304-2314 FAX ____

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature ____ Date ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

The buyer is requesting any surveys, permits or violations on referred property:

158 Lambert Avenue

SURVEYS ARE NOT MAINTAINED BY GLOUCESTER CITY.

PERMITS: 2003-0574
2012-0116

NO VIOLATIONS

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

259-2020
Housing
Kim

GLOU CITY CONSTR OFFICE
313 MONMOUTH STREET
456-7689

Date Issued 9/22/03
Control # C-266-24
Permit # 03-574

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 266 Lot 24.01 Qual

Work Site Location 158 LAMBERT AVENUE

Owner in Fee CUNANE, FRANK & BARBARA
Address 158 LAMBERT AVENUE
GLOUCESTER, NJ 08030-
Telephone (856)225-5338

Contractor DJK ROOFING
Address 15 W. WALNUT AVENUE
HADDON TOWNSHIP, NJ 08108-
Telephone (856)869-4300
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 74-3027753

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ROOF-REMOVE SHINGLES ON SIDE OF HOUSE, INSTALL 30 YR SHINGLES

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.

Estimated Cost of Work $ 2,000

John H. Hargaveck 9/22/03
Construction Official Date

PAYMENTS (Office Use Only)

Building	60
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	62
Check No.	1080
Cash	
Collected By	

U.C.C. F170 (rev. 3/96)

On any Inspections, this Department will make a Smoke Detector Inspection. Smoke Detectors must be installed correctly and in working order.

CARBON MONOXIDE DETECTOR REQUIRED

CARBON MONOXIDE DETECTOR

INSTALLED

GLOU CITY CONSTR OFFICE
313 MONMOUTH STREET
456-7689

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/25/2003
Date Issued 9/2/03
Control # C-266-24
Permit # 035574

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

Block 266 Lot 24.01 Qual

Work Site Location 158 LAMBERT AVENUE

Owner in Fee CUNANE, FRANK & BARBARA
Address 158 LAMBERT AVENUE
GLOUCESTER, NJ 08030-
Tele.(856)225-5338
Contractor DJK ROOFING
Address 15 W. WALNUT AVENUE
HADDON TOWNSHIP, NJ 08108-
Tele.(856)869-4300 Fax (856)869-2555
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 74-3027753

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

ROOF-REMOVE SHINGLES ON SIDE OF HOUSE, INSTALL 30 YR SHINGLES

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 2,000
3. Total (1+2)$ 2,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	60
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0
Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 60
DCA State Permit Fee	$ 2

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

Gloucester City
700 Somerset St
Gloucester City, NJ 08030
(856)456-7689 FAX *(856)456-0289*

Reprint

Permit No. **20120116**
Control No. **92012935**
Block/Lot 266/24.01
Date 6/12/12

Certificate of Approval

IDENTIFICATION

Block/Lot 266/24.01
Work Site Location 158 LAMBERT AVE

Owner in Fee/Occupant CUNANE, FRANK & BARBARA
Address 158 LAMBERT AVE
GLOUCESTER CITY, NJ 08030
Telephone (856)742-0850
Contractor
Address

Telephone FAX
Lic. No. or Bldrs. Reg. No. None
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-5
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

3 SMOKE DETECTORS, 1-100 AMP SERVICE

CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or the owner will be subject to to fine or order to vacate:

CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period (years); see file

CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

(Edward Gorman, Construction Official

Permit Fee $ 231
Paid [ ] Check No. 4111
Collected by: CM

U.C.C. F260
(rev. 3/96)

Gloucester City
700 Somerset St
Gloucester City, NJ 08030
(856)456-7689 FAX *(856)456-0289*

Permit No. **20120116**
Control No. **92012935**
Parcel(Block/Lot). **266/24.01**
Applic/Issued. **3/06/12 / 3/06/12**

Construction Permit

Work Site Location 158 LAMBERT AVE

Owner in Fee..... CUNANE, FRANK & BARBARA
Address..... 158 LAMBERT AVE
GLOUCESTER CITY, NJ 08030
Phone..... 8567420850

Contractor....
Address.....
Phone.....
Lic No.....
Fed Emp No.

Permission is hereby granted to do the following work:

☐ BUILDING	☐ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☑ ELECTRIC	☑ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:
3 SMOKE DETECTORS, 1-100 AMP SERVICE

Note: If construction does not commence within one (1) year of the date of issuance or if construction ceases for a period of six(6) months, this permit is Void.

Estimated Cost of Work: $1,700

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

PAYMENTS * (Office Use Only)

Building	$0
Electrical	134
Plumbing	0
Fire Protection	94
Elevator Devices	0
Mechanical	0
State Training Fee	3
Certificate of Occupancy	0
Other	0
Total	$231
Check#/Cash	4111
Paid	$231
Collected By	CM

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

Gloucester City
ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receive 3/06/2012
Control # 92012935

Date Issued 3/06/2012
Permit # 20120116

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

Block/Lot 266/24.01

Work Site Location 158 LAMBERT AVE

Owner in Fee: CUNANE, FRANK & BARBARA

Tel. 8567420850 e-mail

Address: 158 LAMBERT AVE (Street) GLOUCESTER CITY, NJ 08030 (municipality, zip code)

Contractor: Tel.

Address: e-mail

Contractor License No. Exp. Date

Federal Emp. ID No. FAX.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/pad # ☐ Temporary Service ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1100 Descript: 3 SMOKE DETECTORS, 1-100 AMP SERVICE

C. CERTIFICATION IN UEU 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 Elec Contractor ☐ Cert Landscape Contr ☐ Exempt Applc

D.TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
3		Detectors	
		Light Pole	
		Motors—Fract. H	
		Emergency & Exit Lights	
		Communications Paints	
		Alarm Devices/F.A.C. Panel	
3		TOTAL NUMBERS	$ 65
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central AC Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 11+ HP	
		KW Transformer/Generator	
1	100	AMP Service	69
		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

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Inital
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

Administrative Surcharge $	0
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	134

U.C.C. P120 (rev. 07/05) Internet version

Applicant: When submitting this form to your Local construction code Enforcement Office please provide one original plus three photocopies

Gloucester City
FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/06/2012
Control # 92012935

Date Issued 3/06/2012
Permit # 20120116

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

Block/Lot 266/24.01

Work Site Location 158 LAMBERT AVE

Owner in Fee: CUNANE, FRANK & BARBARA

Tel. 8567420850 e-mail

Address: 158 LAMBERT AVE (Street) GLOUCESTER CITY, NJ 08030 (municipality, zip code)

Contractor: Tel.

Address: e-mail

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

Federal Emp. ID No. FAX

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5

Constr. Class Present Proposed

Heating System ☐ New ☐ Existing ☐ None ☐ HVAC

Type ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Other

Location

Fire Alarm System: [ ] New *OR* [ ] Existing

Location of Panel

Fire Suppression/Standpipe System:
☐ New ☐ Existing ☐ None

Location of Main Control Valve:

Fuel Storage Tank
Fuel Type ☐ Flamable ☐ Combustible ☐ None *Capacity*

Total Cost of Fire Protection Work $ 600

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)			
PLAN REVIEW	Type:	Failure	Failure	Approval	Inital
[ ] No Plans Required	Alarm System				
Joint Plan Review Required:	Suppression Sys.				
[ ] Building [ ] Plumbing	Standpipe				
[ ] Fire [ ] Elevator	Fire Pump				
[ ] Fire Plans Approved	Pre-Eng. System				
Date:	Mechanical				
Approved by:	Smoke Control				
SUBCODE APPROVAL	Flam/Combust Tanks				
[ ] CO [ ] CCO [ ] CA	TCO				
Date:	Fireplace Venting				
Approved by:	Final				
	Other				

U.C.C. F120 (rev. 07/05) Internet version

Applicant: When submitting this form to your Local construction code Enforcement Office, please provide one original plus three photocopies

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's Signature/Contractor's Signature

☐ **Certified Contractor** ☐ **Exempt Applicant**

D.TECHNICAL SITE DATA
DESCRIPTION OF WORK:
3 SMOKE DETECTORS, 1-100 AMP SERVICE

Water Supply Source

Method of Alarm/Suppression System Supervision

		FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
☐ System		
☐ Interconnected 110 v		
☐ CO Detectors 110 v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow	3	94
Supervisor Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		94
Suppression System		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Springler 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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		0
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		94