



Interoffice

MEMORANDUM

To: Nancy Power, Township Clerk

From: Cookie Pessagno

Re: Records Request

Date: Tuesday August,9 2022

Dear Nancy,

This letter is regarding the records request from Valerie Daberkoe for information you requested on 121 West Church St Block 10607 Lot 5-7 Please note Attached are all permits for this property, for oil tanks input and removal and a permit 2011-1135 that remains open no inspections done and no Building Violation. For any other Environmental Questions please Contact the EPA as we do not handle spills of any kind. If you have any questions, please feel free contact me at 856-374-3500.

Thank you,

Cookie Pessagno

Construction Department

TOWNSHIP OF GLOUCESTER
CONST. DEPT. INFO-374-3500
FOR INSPECTIONS--374-3502

Date Issued 05/11/77
Contract No. 97-0577
Form 51-A 07-0577

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION 87067 10' x 10' x 10'
WORK SITE Location 121 SUNDY STREET
OWNER 121 SUNDY STREET
ADDRESS 121 N. SUNDY STREET
CITY NEWTON, NJ 07840
TELEPHONE (609) 326-1074

Contractor Name J. J. J. J.
Address 121 N. SUNDY STREET
Telephone (609) 326-1074
Lic. No. of State Reg. No.
Federal Reg. No. 01-0510290
or Social Security No.

I, hereby granted permission to perform the following work:
1. BUILDING 1.1 PLUMBING 1.2 OTHER
1.3 ELECTRICAL 1.4 FIRE PROTECTION
1.5 ELEVATION DEVICES

DESCRIPTION OF WORK:
2000 GALLON OIL TANK IN YARD

2-320

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 \$ 1,500

PERMITS (OPTIONAL) FOR THE FOLLOWING:
1. BUILDING 1.1 PLUMBING 1.2 OTHER
1.3 ELECTRICAL 1.4 FIRE PROTECTION
1.5 ELEVATION DEVICES
1.6 ELEVATOR DEVICES
1.7 OTHER
1.8 OTHER
1.9 OTHER
1.10 OTHER
1.11 OTHER
1.12 OTHER
1.13 OTHER
1.14 OTHER
1.15 OTHER
1.16 OTHER
1.17 OTHER
1.18 OTHER
1.19 OTHER
1.20 OTHER

Bernard Shagbroad

CONSTRUCTION OFFICIAL

(UCC)

TOWNSHIP OF GLOUCESTER
CONST. DEPT. INFO-374-3500
FOR INSPECTIONS--374-3502

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/12/97
Date Issued 05/14/97
Control #
Permit # 97-0556

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

Block 1000 Lot 5
Work Site Location 121 CHURCH STREET

Owner in full SAINI AGNES SCHOOL

Address 121 CHURCH STREET
BLACKWOOD, NJ 08012

Tele. (609) 228-1076

Contractor R. MC ALISTER

Address 2116 PARK AVE
PENNSBURGH, NJ 08059

Tele. (609) 445-4545

Lic. No. of Bldgs. Reg. No.

Federal Emp. No. 21-0510880

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.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

20220 GALLON OIL TANKS IN BASEMENT

FOR SUMMARY (Office Use Only)

PLAN REVIEW Initial
☐ No Plans Req
☐ All
☐ Footing
☐ Foundation
☐ Frame
☐ Other
Joint Plan Review Required:
☐ Elect ☐ Plumbing ☐ Fire
SUBCODE APPROVAL ☐ Elev
DATE 5-30-97
Approved by: [Signature]

INSPECTIONS
Type
Footing
Foundation
Slab
Frame
Insulation
Finishes
Energy
Mechanical
FOU
Other
Final

Dates (Month/Day)
Failure Failure Approval Initial

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

Height (o' or over)
Sq. Ft.

6. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
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. \$
2. Alteration \$ 1,500
3. Total (1+2) \$ 1,500

Industrialized Building
☐ State Approved
☐ NYC

Administrative Surcharge
Paid (X) Check # Cash
Collected by: MC
Minimum Fee
Initial Fee
OCA Training Fee

TOWNSHIP OF GLOUCESTER
CONST. DEPT. INFO-374-3500
FOR INSPECTIONS--374-3502

Date Issued 06/03/97
Control #
Permit # 97-0556

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 10607 Lot 5
Work Site Location 121 CHURCH STREET
Owner in Fee SAINT AGNES SCHOOL
Address 121 W. CHURCH STREET
BLACKWOOD, NJ 08012-
Telephone (609) 228-7076
Contractor R. MC ALLISTER
Address 7116 PARK AVE
PENNSAUKEN, NJ 08109-
Telephone (609) 665-4545
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 21-0510480
or Social Security No. _____

Home Warranty No. _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group U
Maximum Live Load 0
Construction Classification _____
Maximum Occupancy Load 0
Description of Work/Use: _____

2-320 GALLON OIL TANKS IN BASEMENT

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ 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 the following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:

☐ 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 _____.

Fee \$ 0
Paid ☒ Check No. _____ Cash
Collected by: _____ MC

Raymond S. Highland
CONSTRUCTION OFFICIAL

Application for a Permit

**Township of Gloucester
Construction Department
PO Box 8 Blackwood, NJ
Phone (609) 228-4000**

- ☐ Check if this is a update to existing permit# _____
☐ If Prototype, give model _____
☐ Change of Contractor, fill in sub-code where it applies _____

Site Address 117 W. Church St Blackwood
 Block 10607 Lot 5
 Owner in Fee ST AGNES School
 Address 117 W. Church St
 City Blackwood State NJ Zip 08012

Two Complete Sets of Plans are Required

Fill in Only the Subcodes that apply to the work you are doing

 BUILDING SUB-CODE ELECTRICAL SUB-CODE

Fill in all information below

Contractor R. McAllister
 Address 7116 PINE AVE
 City PENNSBORO State NJ Zip 08109
 Phone (PO) 233-4977
 License # _____ Expires _____
 Federal ID or Social Security # 21-051-0480

Type of Work

- ☐ New Building ☐ Fence _____ height _____
☐ Addition ☐ Sign _____ Sq.Ft. _____
☐ Alteration ☐ Pool _____ Size _____
☐ Roofing ☐ Asbestos Abatement _____
☐ Siding ☐ Demolition _____
☒ Other 2-320 GARDEN BATHROOM FLOOR on 1st

Building Characteristics

Use Group.....Present _____ Proposed _____
 Construction Class....Present _____ Proposed _____
 No. of stories _____ Height of structure _____
 Area: Largest floor _____ Sq.Ft. _____
 Total: All floors _____ Sq.Ft. _____
 Volume of Structure _____ Cu.Ft. _____
 Total land area disturbed _____ Sq.Ft. _____

Estimated Cost of building work

New Building (1).....\$ _____
 Alterations (2).....\$ _____
 Totals (1+2).....\$ 4,500

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 _____

Fill in all information below

Contractor _____
 Address _____
 City _____ State _____ Zip _____
 Phone () _____
 License # _____ Expires _____
 Federal ID or social Security # _____

Technical Site Data (List all fixtures)

Item	No. Kw	Item	No. Kw
Fixtures (1)	_____	Range	_____
Receptacles (2)	_____	Oven (s)	_____
Switches (3)	_____	Surface Unit	_____
Totals (1+2+3)	_____	Dishwasher	_____
Burglar Alarm	_____	Garbage Disposal	_____
Intercom Panels	_____	Dryer	_____
Smoke Detectors	_____	A/C Unit	_____
Pool bonding	_____	Whirlpool/Spa	_____
Pool motors	_____	Water heater	_____
Pool lights	_____	Baseboard heat	_____
Heat: gas-oil-elec	_____	Heat Pump	_____
Thermostats	_____	Pumps	_____
Signs	_____	Motor controls	_____
Light Standards	_____	Sub Panels	_____
Motors/fractional	_____	Motors/all other	_____
Transformers	_____	Generators	_____
Service entrance	_____	Other	_____

Utility Company.....[] PSE&G.....[] Altantic Electric

Estimated Cost of Electrical Work.....\$ _____

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 _____

☐ Licensed Electrical Contractor ☐ Exempt Applicant
 Place Seal Here

PLUMBING SUBCODE

Fill in all information below

Contractor _____
Address _____
City _____ State _____ Zip _____
Phone () _____
License # _____ Expires _____
Federal ID or Social Security # _____

Technical Site Data (List all Fixtures)

No. Fixture / Equipment
_____ Water Closet
_____ Urinal / Bidet
_____ Bath Tub
_____ Lavatory
_____ Shower
_____ Floor Drains
_____ Sinks
_____ Dishwasher
_____ Drinking Fountain
_____ Washing Machines
_____ Hose Bibs
_____ Gas Piping / Gas Service
_____ Fuel Oil Piping
_____ Water Heater
_____ Steam Boiler
_____ Hot Water Boiler
_____ Sewer Pump
_____ Interceptor / Separator
_____ Backflow Preventor
_____ Greasetraps
_____ WaterCooled A/C or Refrigeration Unit
_____ Sewer Connection
_____ Water Service Connection
_____ Active Solar System

Other _____

Comments _____

Estimated Cost of Plumbing Work.....\$ _____

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 _____

[] Licensed Plumbing Contractor
Place Seal Here [] Exempt Applicant

FIRE SUBCODE

Fill in all information below

Contractor R. McALLISTER
Address 7116 PARK AVE
City PENNSAUKON State N.J Zip 08109
Phone (800) 233-4977
License # _____ Expires _____
Federal ID or Social Security # 21-051-0480

Technical Site Data (Discription of Work)

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

[] Flammable Storage Tanks Cap _____ Fuel _____
[2] Combustible Storage Tanks Cap 330 Fuel #2 OIL
[] LP Gas Storage Tanks Cap _____ Fuel _____
[] LN Gas Storage Tanks Cap _____ Fuel _____

No. Item
_____ Wet Sprinkler Heads (1)
_____ Dry Sprinkler Heads (2)
_____ Total (1+2)
_____ Smoke Detectors (1)
_____ Heat Detectors (2)
_____ Totals (1+2)
_____ Stand Pipes

PRE ENGINEERED SYSTEMS

_____ CO2 Suppression
_____ Halon Supression
_____ Foam Supression
_____ Dry Chemical
_____ Wet Chemical
_____ Gas or Oil Fired Appliances
_____ Kitchen Hood Exhaust System (Commerical)

Other _____

Comments _____

Estimated Cost of Work\$ 1000.00

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 Regal for R. McAllister



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

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

Block 10007 Lot 5
Work Site Location St. Agnes School
121 W. Church St. Blackwood, NJ 08012
Owner in Fee St. Agnes School
Address 121 W. Church St. Blackwood, NJ 08012
Tele. (609) 338-7076
Contractor Casse Protant
Address 3204 W. Mul Rd.
Uneland, NJ 08360
Tele. (609) 696-4401
Lic. No. or Bids. Reg. No. 750054 or Social Security No. Expire 10/30/98
Federal Emp. No. 22-340348

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

Stanley Lynch
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove (1) 1000 gal. #2 oil tank.

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date		INSPECTIONS		Dates (Month/Day)	
[] No Plans Req.	[] All	Initial	Final	Failure	Approval	Initial	Final
[] Footing	[] Footing						
[] Foundation	[] Foundation						
[] Frame	[] Frame						
[] Other	[] Other						
Joint Plan Review Required:				Finishes:			
[] Elec. [] Plumb. [] Fire				Energy			
SUBCODE APPROVAL				Mechanical			
[] CO [] CCO [] CA				TCO			
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 \$ <u>100000</u>
Height of Structure			3. Total (1 + 2) \$ <u>100000</u>
Area—Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

(Office Use Only)

TYPE OF WORK:	FEE
[] New Building	
[] Addition	
[] Alteration	
[] Roofing	
[] Siding	
[] Fence	
[] Sign	
[] Pool	
[] Asbestos Abatement	
[] Other	
[] Demolition	

Paid [] Check #	Administrative Surcharge
	\$
Collected by:	Minimum Fee
	\$
	DCA TRAINING FEE
	\$
	TOTAL FEE
	\$

TOWNSHIP OF GLOUCESTER
CONST. DEPT. INFO-374-3500
FOR INSPECTIONS-374-3502

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/06/96
Date Issued 11/08/96
Control #
Permit # 96-1676

4. IDENTIFICATION-APPLICANT COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANG-

ING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 10507 Lot 1
Work Site Location 117 CHURCH STREET

Owner in Fee SAINT AGNES SCHOOL
Address 117 N. CHURCH STREET
BLANKENHOOD, NJ 08012
TELE (609) 226-7076
Contractor BASILE/PROIANK
Address 3209 N. MILL ROAD
VINELAND, NJ 08360
TELE (609) 626-4891

Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-249348
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.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REMOVE 1000 GAL. #2 OIL TANK

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 ☐ CC ☐ CA
Date:
Approved By:

INSPECTIONS

Type Failure Dates (Month/Day) Initial
☐ Footing
☐ Foundation
☐ Slab
☐ Frame
☐ Insulation
☐ Finishes
☐ Energy
☐ Mechanical
☐ ICG
Other Tank removed 11-06-96 JIC
Final

Dates (Month/Day)

Failure Approval Initial

TYPE OF WORK

☐ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement
☐ Other
☒ Demolition

FEE (Office Use Only)
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$

6. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
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 \$ 1,000
3. Total (1+2) \$ 1,000

Industrialized Building:
☐ State Approved
☐ HUD

Administrative Surcharge
Paid (X) Check # 20123
Collected by: CM
Minimum Fee
TOTAL FEE
OCA Training Fee

TOWNSHIP OF GLOUCESTER
CONST. DEPT. INFO-374-3500
FOR INSPECTIONS--374-3502

Date Issued 11/08/99
Control #
Permit # 96-1676

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 19607 Lot 5

Work Site Location 117 CHURCH STREET

Owner in Fee SAINT AGNES SCHOOL

Address 117 W. CHURCH STREET

Telephone BLACKWOOD, NJ 08012-

(609) 228-7076

Contractor CASIE/PROTANK

Address 3209 N. HILL ROAD

VINELAND, NJ 08360-

Telephone (609) 696-4401

Lic. No. or Elders Reg. No.

Federal Emp. No. 22-2440349

or Social Security No.

Is hereby granted permission to perform the following work:
☒ BUILDING ☐ PLUMBING ☐ OTHER
☐ ELECTRICAL ☐ FIRE PROTECTION
☐ ELEVATOR DEVICES

PAYMENTS (Office Use Only)
Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other

DESCRIPTION OF WORK:
REMOVE 1000 GAL. #2 OIL TANK

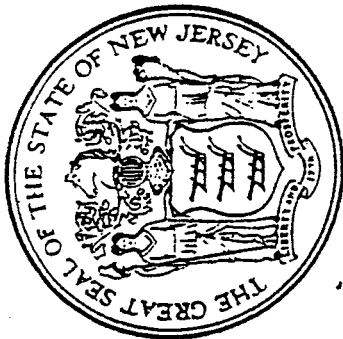
OCA Training Fee
Cert. of Occ.
Other

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 \$ 1,000

Total
Check No. 00721
Cash
Collected By:

Bernard S. Shapiro
CONSTRUCTION OFFICIAL



STATE OF NEW JERSEY
DEPARTMENT OF
ENVIRONMENTAL PROTECTION

Certifies That

Casie Ecology Oil Salvage Inc.
3209 North Mill Road
Vineland, NJ 08360

having duly met the requirements of the

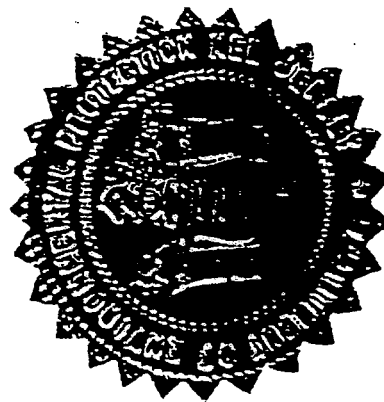
Underground Storage Tank Certification Program
N.J.S.A. 58:10A-24.1-8

is hereby approved to perform the following services:

Installation - Entire UST System
Closure
Subsurface Evaluation
Cathodic Protection Specialist

US00054
PERMANENT CERTIFICATION NUMBER

10/31/98
EXPIRATION DATE



Richard Fine

COMMISSIONER, DEPARTMENT OF
ENVIRONMENTAL PROTECTION

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY.



IN accordance with N.J.S.A. 18A:18A-27 *et seq* (Department of Education) and N.J.S.A. 52:35-1 (Department of the Treasury) and any rules and regulations issued pursuant hereto, you are hereby notified of your classification to do State work in the Department(s) as noted above.

CASIE

PROTANK

October 31, 1996

Gloucester Township
Construction Office
1261 Chews Landing-Clementon Rds.
Laurel Springs, New Jersey 08021

(609) 228-4000

RE: Permit for: St. Agnes School, 121 W. Church St., Blackwood, NJ 08012

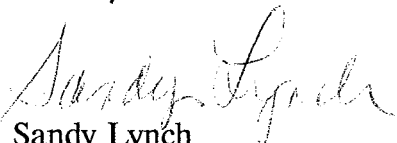
Dear Div. of Construction:

Enclosed please find a construction application permit for the above referenced permit. Please call (609) 696-4401 when permits are ready with the amount due, if any.

Thank you for your assistance in this matter. Should you have any questions, please call our office at (609) 696-4401.

Sincerely,

CASIE/PROTANK



Sandy Lynch
Sales Secretary

Enclosure

Gloucester Township

1261 Chews Landing Rd
Laurel Springs, NJ 08021
(856)374-3500 FAX (856)232-6229

Permit No. **20111135**
Control No. **53555**
Parcel(Block/Lot). **10607/5**
Applic/Issued. **6/20/11 / 6/29/11**

Construction Permit

Work Site Location **117 W CHURCH ST, 08012 Blac**
Owner in Fee..... **ST AGNES SCHOOL**
Address..... **121 W. CHURCH STREET**
BLACKWOOD, N J 08012
Phone..... **(856)583-2845**

Contractor.... **SHADE ENVIROMENTAL**
Address..... **623 CUTLER AVENUE**
MAPLE SHADE, NJ 08052
Phone..... **(856)755-0099**
Lic No..... **00842- 6/10/18**
Fed Emp No. **870721731**

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:
Asbestos Abatement

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: **\$17,680**

PAYMENTS * (Office Use Only)

Building	<u>\$150</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>30</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$180</u>

Check#/Cash.....	<u>3892</u>
Paid	<u>\$180</u>
Collected By	<u>JA</u>

Total Administrative Fee: \$0

NO Inspections made / open

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*



Gloucester Township BUILDING SUBCODE TECHNICAL SECTION



Date Received **6/20/2011**
Control # **53555**
Date Issued **6/29/2011**
Permit # **20111135**

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

Block/Lot **10607/5**

Work Site Location **117 W CHURCH ST**

Owner in Fee: **ST AGNES SCHOOL**
Tel. **(856)583-2845** e-mail _____
Address: **121 W. CHURCH STREET** **BLACKWOOD, N J 08012** zip code _____
Contractor: **SHADE ENVIROMENTAL** Tel. **(856)755-0099**
Address: **623 CUTLER AVENUE, MAPLE SHADE, NJ 08052** e-mail **timAshadelc.com**
Contractor License No. **00842-6/10/18** Exp. Date _____
Federal Emp. ID No. **870721731** FAX _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plans Required	Date _____	Type:	Failure	Approval	Initial
☐ All	_____	Footings	_____	_____	_____
☐ Footings	_____	Footings Bonding	_____	_____	_____
☐ Foundation	_____	Foundation	_____	_____	_____
☐ Frame	_____	Slab	_____	_____	_____
☐ Other	_____	Frame	_____	_____	_____
Joint Plan Review Required	_____	Truss Sys./Bracing	_____	_____	_____
☐ Elec. ☐ Plumb ☐ Fire ☐ Elevator	_____	Barrier-Free	_____	_____	_____
SUBCODE APPROVAL		Insulation	_____	_____	_____
☐ CO ☐ CCO ☐ CA	_____	Finishes-Base Layer	_____	_____	_____
Date: _____	_____	Finishes-Final	_____	_____	_____
Approved by: _____	_____	Energy	_____	_____	_____
	_____	Mechanical	_____	_____	_____
	_____	TCO	_____	_____	_____
	_____	Final	_____	_____	_____
	_____	Other	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present ☐ E Proposed ☐
Constr. Class Present ☐ Proposed ☐
No. of Stories _____ FT
Height of Structure _____ FT
Area - Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbet _____ Sq. Ft.

Est. Cost of Bldg. Work :

1. New Bldg. \$ **17,680**
2. Rehabilitation \$ **17,680**
3. Total (1+2) \$ **17,680**

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

Asbestos Abatement

TYPE OF WORK

- ☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☒ Asbestos Abatement Subchapter 8_
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other _____
☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$ **0**
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ **150**

U.C.C. F130 (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 Township

1261 Chews Landing Rd
Laurel Springs, NJ 08021
(856)374-3500 FAX (856)232-6229

Permit No. **20151684**
Control No. **65783**
Parcel(Block/Lot). **10607/5**
Applic/Issued. **8/04/15 / 8/18/15**

Construction Permit

Work Site Location **121 W CHURCH ST, BLACKWOOD** Contractor... **MCALLISTER**
Owner in Fee..... **OUR LADY OF HOPE PARISH BLACKWOOD** Address..... **30 MAYS LANDING ROAD**
Address..... **701 LITTLE GLOUCESTER RD** **SOMERS POINT, NJ 08244**
BLACKWOOD NJ 08012 Phone **(609)927-4122**
Phone **(856)232-0100** Lic No..... **13VH01483100-**
Fed Emp No. **21-0510430**

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:

Kingdom Chater School - Oil to Gas Conversion & DEMO (2)
275gal tanks

*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: **\$25,285**

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	<u>\$150</u>
Electrical	<u>65</u>
Plumbing	<u>92</u>
Fire Protection	<u>65</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>48</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$420</u>

Check#/Cash.....	<u>1415</u>
Paid	<u>\$420</u>
Collected By	<u>JA</u>

Total Administrative Fee: \$0



Gloucester Township

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/Lot 10607/5

Work Site Location 121 W CHURCH ST

Owner in Fee: OUR LADY OF HOPE PARISH BLACKWOOD

Tel. (856)232-0100

e-mail

Address: 701 LITTLE GLOUCESTER RD BLACKWOOD NJ 08012

Street

zip code

Contractor: MCALLISTER

Tel. (609)927-4122

Address: 30 MAYS LANDING ROAD, SOMERS POINT, NJ 08

e-mail

Contractor License No. 13VH01483100- / / Exp. Date

Federal Emp. ID No. 21-0510430 FAX

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Required			Type:				
☐ All			Footings				
☐ Footings			Footings Bonding				
☐ Foundation			Foundation				
☐ Frame			Slab				
☐ Other			Frame				
Joint Plan Review Required			Truss Sys./Bracing				
☐ Elec. ☐ Plumb ☐ Fire ☐ Elevator			Barrier-Free				
			Insulation				
			Finishes-Base Layer				
			Finishes-Final				
			Energy				
			Mechanical				
			TCO				
			Final				
			Other				

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group Present A-3 Proposed _____

Constr. Class Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ FT

Area - Largest Floor _____ Sq. Ft.

New Bldg. Area/All Floors _____ Sq. Ft.

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg.	\$	400
2. Rehabilitation	\$	400
3. Total (1+2)	\$	400

Date Received 8/04/2015
Control # 65783

Date Issued 8/18/2015
Permit # 20151684

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

Kingdom Chater School - Oil to Gas Conversion &
DEMO (2) 275gal tanks

TYPE OF WORK

- ☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ 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 \$

150

0

150

U.C.C. F130 (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 Township ELECTRICAL 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 10607/5

Work Site Location 121 W CHURCH ST

Owner in Fee: OUR LADY OF HOPE PARISH BLACKWOOD

Tel. (856)232-0100 e-mail

Address: 701 LITTLE GLOUCESTER RD BLACKWOOD NJ 08012

Street Zip code

Contractor: MCALLISTER Tel. (609)927-4122

Address: 30 MAYS LANDING ROAD, SOMERS POINT, NJ 08 e-mail

Contractor License No. 13VH01483100- / / Exp. Date

Federal Emp. ID No. 21-0510430 FAX.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed A-3
☐ Pole/pad # ☐ Temporary Service ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 100 Descript: Kingdom Charter School - Oil to Gas Conversion & DEMO (2) 275gal tanks

JOB SUMMARY (Office Use Only)

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

U.G.C. F120 (rev. 07105) Applicant: When submitting this form to your Local construction code Enforcement Office please provide one original plus three photocopies

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

Lighting Fixtures

Receptacles

Switches

Detectors

Light Pole

Motors—Fract. H

Emergency & Exit Lights

Communications Paints

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

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

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

FEE (Office Use Only)

\$ 50

15

0

65



Gloucester Township

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 10607/5

Work Site Location 121 W CHURCH ST

Owner in Fee: OUR LADY OF HOPE PARISH BLACKWOOD

Tel. (856)232-0100 e-mail

Address: 701 LITTLE GLOUCESTER RD BLACKWOOD NJ 08012

Contractor: MCALLISTER Tel. (609)927-4122

Address: 30 MAYS LANDING ROAD, SOMERS POINT, NJ 08244 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. 13VH01483100- / / Exp. Date

Federal Emp. ID No. 21-0510430 FAX

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A-3 Fire Alarm System: [] New OR [] Existing

Constr. Class Present Proposed Location of Panel

Heating System [] New [] Existing [] None [] HVAC Fire Suppression/Standpipe System:

Type [] Gas [] Oil [] Electric [] Solar [] Other [] New [] Existing [] None

Other Location of Main Control Valve:

Location Capacity

Fuel Storage Tank

Fuel Type [] Flammable [] Combustible [] None

Total Cost of Fire Protection Work \$ 4700

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:

Kingdom Charter School - Oil to Gas Conversion & DEMO (2) 275gal tanks

Water Supply Source

Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks

Alarm Systems

[] System

[] Interconnected 110 v

[] CO Detectors 110 v

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisor Devices (i.e., tampers, low/high air)

Signaling Devices (i.e., horn/strobes, bells)

Other Devices

TOTAL

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

CO₂ 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 \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



Gloucester Township PLUMBING SUBCODE TECHNICAL SECTION



8/04/2015
65783
8/18/2015
20151684

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/Lot 10607/5
Work Site Location 121 W CHURCH ST
Owner in Fee: OUR LADY OF HOPE PARISH BLACKWOOD
Tel. (856)232-0100 e-mail
Address: 701 LITTLE GLOUCESTER RD BLACKWOOD NJ 08012
Contractor: MCALLISTER Tel. (609)927-4122
Address: 30 MAYS LANDING ROAD, SOMERS POINT, NJ 08012 e-mail
Contractor License No. 13VH01483100- / / Exp. Date
Federal Emp. ID No. 21-0510430 FAX

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-3
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Septic
Est. Cost of Plumbing Work \$ 20085

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES (Month/Day)	
Type:	Initial	Type:	Initial	Failure	Approval
☐ No Plans Required		Slab			
Joint Plan Review Required:					
☐ Building	☐ Plumbing	Rough			
☐ Fire	☐ Elevator	Water			
☐ Plumbing Plans Approved		Sewer			
Date:		Fixtures			
Approved by:		Gas Equipment			
SUBCODE APPROVAL					
☐ CO	☐ CCO	☐ CA			
Date:		Solar			
Approved by:		TCO			

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 Plumbing Contractor ☐ Exempt Applicant

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
Hose Bibb
Water Heater
Washing Machine
Fuel Oil Piping
Gas Piping
LP Gas Tank
Steam Boiler
Hot Water Boiler
Sewer Pump
Interceptor/Separator
Backflow Preventer
Grease Trap
Sewer Connection
Water Service Connection
Stacks
Other burner
Other

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
Total Fees \$

Description of Work:

Kingdom Chater School - Oil to Gas Conversion & DEMO (2) 275gal tanks

Gloucester Township

1261 Chews Landing Rd
Laurel Springs, NJ 08021
(856)374-3500 FAX (856)232-6229

Permit No. **20151684**
Control No. **65783**
Block/Lot **10607/5**
Date **10/25/16**

Certificate of Approval

IDENTIFICATION

Block/Lot 10607/5
Work Site Location 121 W CHURCH ST
BLACKWOOD, 08012
Owner in Fee/Occupant OUR LADY OF HOPE PARISH BLACKWOOD
Address 701 LITTLE GLOUCESTER RD
BLACKWOOD NJ 08012
Telephone (856)232-0100
Contractor MCALLISTER
Address 30 MAYS LANDING ROAD
SOMERS POINT, NJ 08244
Telephone (609)927-4122 FAX
Lic. No. or Bldrs. Reg. No. 13VH01483100- / /
Federal Emp. No. 21-0510430

Home Warranty No.
Type of Warranty Plan: [☐] State [☐] Private A-3
Use Group
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use: Kingdom Chater School - Oil to Gas Conversion & DEMO (2) 275gal tanks

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 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

James T. Gallagher, Construction Official

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

Permit Fee \$ 420
Paid [☐] Check No. 1415
Collected by: JA

Gloucester Township

1261 Chews Landing Rd
Laurel Springs, NJ 08021
(856)374-3500 FAX (856)232-6229

Permit No. **20111044 A**
Control No. **53579**
Block/Lot **10607/5**
Date **8/25/11**

Temporary Certificate of Occupancy/Compliance

IDENTIFICATION

Block/Lot **10607/5**
Work Site Location **117 W CHURCH ST
BLACKWOOD, 08012**
Owner in Fee/Occupant **ST AGNES SCHOOL
121 W. CHURCH STREET
BLACKWOOD, N J 08012**
Address _____
Telephone _____
Contractor _____
Address _____
Telephone _____ FAX _____
Lic. No. or Bldrs. Reg. No. **None**
Federal Emp. No. _____

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 fine or order to vacate: **NO KITCHEN AT THIS TIME**

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
Use Group **E**
Maximum Live Load _____
Construction Classification **VB**
Maximum Occupancy Load _____
Description of Work/Use: _____

Rehab St. Agnes Charter School

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 _____

Permit Fee \$ **3,599**
Paid [] Check No. **037062**
Collected by: **DJ**

James T. Gallagher, Construction Official