Toni Vancamp

From: Valerie Daberkoe <opra+request-23740-9d2f67a1@requests.opramachine.com>
Sent: Thursday, June 10, 2021 10:24 AM
To: Toni Vancamp
Subject: OPRA request - Environmental Records

Dear Newfield Borough,

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:
EnviroSure is conducting a Phase I ESA at 32-34 Gorgo Lane (Block 1002; Lots 29 and 28). In that regard, we are requesting a search of all files pertaining to the property. Especially, underground storage tanks, environmental concerns, building permits and ownership records.

Thank you.
Valerie Daberkoe
EnviroSure, Inc.

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-23740-9d2f67a1@requests.opramachine.com

Is tvancamp@newfieldboro.org the wrong address for OPRA requests to Newfield Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=newfield_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/environmental_records_54

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11-17-99
Date Issued
Control #
Permit # 94-99

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

Block 1002 Lot 28.29
Work Site Location 32 Corso Lane
Newfield NJ 08344
Owner in Fee Fresh Marketing Inc.
Address P.O. Box 335
Landisville NJ 08326
Tele. ([redacted])
Contractor By Lone Construction Co.
Address 4254 Route Rd.
Vineland NJ 08326
Tele. ([redacted]) Fax ([redacted])
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

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

Construct a Non-Attached 30'x50'x12' Pole Building w/ 4" Floor & 6'x20' concrete apron to Existing Building

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	11/10/99	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12/1/99
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval Date (Month/Day)	Initial
Footing			11/17/99	
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			12/1/99	
Barrier-Free				

TYPE OF WORK:
[✓] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____

[ ] Demolition

FEE (Office Use Only)

	$ 563.00
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 36.00
TOTAL FEE	$ 599.00

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	✓	S
Constr. Class		✓
No. of Stories	1	
Height of Structure	16 Ft.	
Area — Largest Floor	1500 Sq. Ft.	
New Bldg. Area/All Floors	1500 Sq. Ft.	
Volume of New Structure	23,500 Cu. Ft.	
Total Land Area Disturbed	1620 Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 18500
2. Alteration $
3. Total (1+2) $ 18500

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

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 11-17-99
Date Issued
Control #
Permit # 94-99

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

Block 1002 Lot 28-29
Work Site Location 32 Coopers Ln.
Newfield NJ 08344
Owner in Fee/Occupant Fresh Marketing Inc.
Address P.O. Box 335
Landisville NJ 08326
Tele. ([redacted]) [redacted]
Contractor David L. Scarpa Electrical Contractor, Inc.
Address 720 Strawberry Ave.
Vineland NJ.
Tele. ([redacted]) [redacted] Fax ([redacted]) [redacted]
Lic. No. [redacted]
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as Storage Bldg Utility Co. ______
Est. Cost of Elec. Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[x] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 11-16-99
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other		11/16/99	[initials]	
Service				
(Final)			12-27	[initials]

Temp. Cut-in-Card Date Issued ______
Final Cut-in-Card Date Issued ______

SUBCODE APPROVAL
[x] CO [ ] CCO [ ] CA
Date: 12-27-99
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.

[signature]
Applicant's Signature/Contractor's Seal and Signature

[x] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
5		Lighting Fixtures 5 @ 3.00	
8		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
2		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 70
		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 A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1		AMP Service	40
1		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $ ______
Minimum Fee $ ______
DCA Training Fee $ ______
TOTAL FEE $ 110.00

U.C.C. F120
(rev. 3/96)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT

CONSTRUCTION

Date [redacted] Issued 11-17-99
Control #
Permit # 94-99
Date Permit Issued

IDENTIFICATION Block 1002 Lot 28.29
Work Site Location 32 GORGO LANE
NEWFIELD NJ 08344
Owner In Fee FRESH MARKETING INC
Address PO BOX 335
LANDISVILLE NJ 08326
Tel. ([redacted])

Contractor BYLONE CONSTRUCTION CO
Address 4254 POST RD
VINELAND NJ 08360
Tel. ([redacted])
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

CONSTRUCT A NON ATTACHED POLE BUILDING

Estimated Cost of Work $ 19,000.00

Dan DaTasso
Construction Official

11-17-99
Date

PAYMENTS (Office Use Only)

Building	563.00
Electrical	110.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	36.00
Cert. of Occupancy	67.30
Other	
Total	776.30
Check No.	
Cash	
Collected by	

U.C.C. F190
(rev. 3/86)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

orough of Newfield — PLOT PLAN

BUILDING PERMIT No. ..... DATE 11/9/99

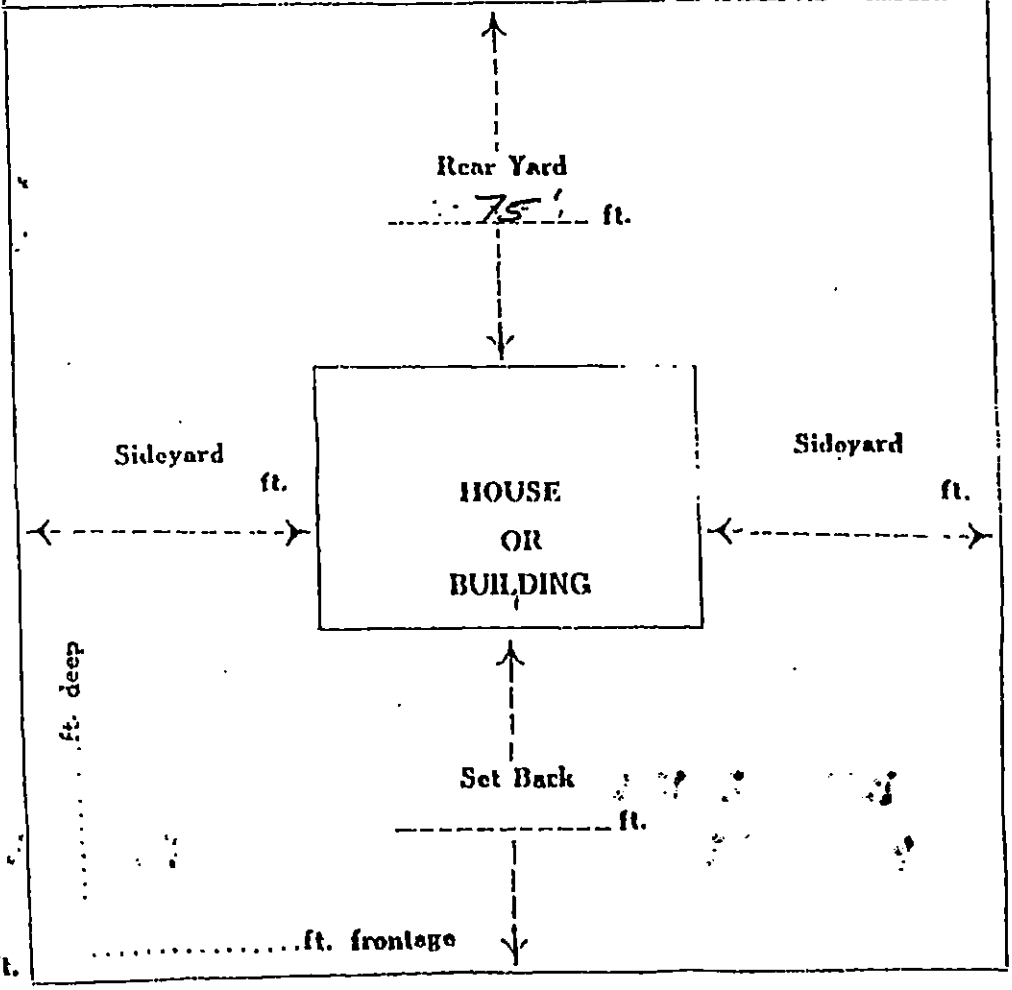
ION N S
E W SIDE ..... STREET/AVENUE/ROAD

NUMBER.....LOT NUMBER.....REC. VOL. .....PAGE .....

R OF LAND _____

RIOR or CORNER LOT..... ZONE.....

DRAW SKETCH ON PLOT
IF REQUIRED



SIDEWALK

Curb Line

STREET

North Point

Information
Supplied By _____

APPLICATION FOR CERTIFICATE

UNIFORM CONSTRUCTION CODE – NEW JERSEY

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block 1002 Lot 28-29
Work Site Location 32 Cooya LN
Newfield NJ 08344
Owner in Fee Fresh Marketing Inc.
Address P.O. Box 335
Landisville NJ 08326
Tele. [redacted]

Contractor BYLONE CONSTRUCTION CO INC
Address 4254 Post Road
Vineland NJ 08360
Tele. [redacted]
Lic. No.
Federal Emp. No. [redacted]
or Social Security No.

ACTION

☑ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF COMPLIANCE ☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
USE GROUP _____ Previous _____ Current
OCCUPANCY LOAD _____
FINAL COST OF CONSTRUCTION: $ 19,000.00
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy or Compliance, please explain why in the space below.

DESCRIPTION OF WORK/USE:

Construct a Free-Standing NON attached 30' x 50' x 12' Pole Building. 4" Floor SCH3 w/ 6' x 20' Concrete apron to Existing Building

---

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy or Compliance will be completed by the date on the Certificate.

SIGNED: [signature] President BYLONE CONST
OWNER/AGENT

☐ Owner
☑ Agent

U.C.C. Form F-270B

COUNTY OF GLOUCESTER
STATE OF NEW JERSEY

GLOUCESTER COUNTY HEALTH DEPARTMENT

CARPENTER ST. & ALLENS LANE
WOODBURY, NEW JERSEY - 08096

ROBERT J. SMITH, M.P.H.
PUBLIC HEALTH COORDINATOR

609-845-1600

13 March 1980

Mr. Espin Riggins
Municipal Hall
Newfield, N.J. 08344

Dear Mr. Riggins:

On 11 March 1980 , an on-site inspection was made of the individual sewage disposal system being installed on block #26, lot #9C, Gorgo Lane. This property is owned by Marnick Corp.

The installation has been approved by this Department.

Very sincerely yours,

Rita C. Lezenby

RITA C. LEZENBY
Environmental Health Coordinator

RCL/ag

[redacted]

ELECTRICAL SUBCODE TECHNICAL SECTION

1-14-98 CALL RALPH DONATO with Fee - 697-8371

Date Received
Date Issued
Control #
Permit # 3-98

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

Block 1002 Lot 29
Work Site Location 32 GORGO LANE
New Field, N.J.
Owner in Fee/Occupant DONATO PASSOC.
Address 32 GORGO LANE
New Field, N.J.
Tele. ([redacted]) [redacted] (RALPH DONATO)
Contractor Dario Guidarini
Address 1060 New Rose St
Tele. (____) [redacted] Fax (____)
Lic. No. [redacted]
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____
[ ] Pole/Pad # ____ [ ] Temporary [ ] Other ____
Building Occupied as GUEST HOUSE Utility Co. P.S.E.
Est. Cost of Elec. Work $ 2,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 12.23.97
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			1-16	[redacted]
Final				

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

Temp. Cut-in-Card Date Issued ____
Final Cut-in-Card Date Issued 1-16-98

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]
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

[redacted] Ralph DONATO

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
2	1/4	Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$ 40
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	1
		KW Oven/Surface 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	
2	5	HP Motors 1/+ HP	20
		KW Transformer/Generator	
1	400	AMP Service	60
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	120.00

[redacted] ELECTRICAL CONTRACTOR

U.C.C. F120
(rev. 3/96)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

CUT-IN-CARD

MUNICIPALITY Mantua

LOCATION 32 Conco Ct UTILITY CO

BLK 1002 LOT 29

OWNER Donato OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval void after ___ days

DESCRIPTION OF SERVICE 200 Amp

INSTALLED BY Gordon's LICENSE NO 6023

DATE 1-6-98 PERMIT # 7883 INSPECTOR

☐ CALLED IN 1/1 Lic. No: 6026

C.C. Form F-3508 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

CUT-IN-CARD

MUNICIPALITY Newfield

LOCATION 32 Gorgo Ln UTILITY CO

BLK 1002 LOT 29.

OWNER ~~G~~ Donato OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requir- -nts."

☑ FINAL ☐ TEMPORARY This approval void after ___ days

DESCRIPTION OF SERVICE 400A 3Ø

INSTALLED BY Guidanini LICENSE NO 9027

DATE 1-16-98 PERMIT # 3-98 INSPECTOR

☐ CALLED IN / / Lic. No: 5216

U.C.C. Form F-350B 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 15-06

Date Issued / Permit # 4-17-06

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

Block 1002 Lot 28+29 Qualification Code _____

Work Site Location 32 Gogo Lane
Newfield NJ 08344

Owner in Fee JEB construction Inc

Address 3 Joseph Court
Northfield NJ 08225

Tel. ([redacted])

Contractor JEB const Inc

Address 32 Gogo Lane
Newfield NJ 08344

Tel. ([redacted]) FAX ([redacted])

Contractor License No. or Builder Registration No. _____

Federal Emp. No [redacted]

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

Plywood + Screen and Stucco
Back of Building

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] ~~No Plans Required~~ 4-18-06 KE
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4-18-06
Approved by: Jack Eckel

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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
[/] Other Stucco
[ ] Demolition

FEE (Office Use Only)
$ _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
60.00
_____

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ 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. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ _____

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 5-84
DATE ISSUED 2-21-84
REVISION DATE
Block 26 Lot 9 C
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Mannik Corporation
Address 32 Gongo Lane
Newfield, NJ 08344
Tel. [redacted]
Work Site Address Same as above

Contractor Mannik Corporation
Address 32 Gongo Lane
Newfield, NJ 08344
Tel. [redacted]
Lic. No.
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☒ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$ 400.00
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories 1
Total Building Area—All Floors 2000 Sq. Ft.
Height of Structure 16 Ft.
Volume of Structure 32,000 Cu. Ft.
Area—Largest Floor 2000 Sq. Ft.
Total Land Area Disturbed 3000 Sq. Ft.
Estimated Cost of Building Work: $ 50,000.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS
8-25-89	Bldg add Final – OK RA

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA

Date: 3/9/98

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☑ Footing/Foundation				3/4/89
☐ Slab				
☑ Frame				5/18/89
☐ Architectural				V
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

FIRE SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO: 5-89
DATE ISSUED
REVISION DATE
Block ____ Lot ____
Subdivision ____

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner Meadow Corp.
Address 32 Gorge Lane
Westfield NJ 07090
Tel. ( ) [redacted]
Work Site Address Same As Above

Contractor Triangle Mechanical
Address 1451 No. Chestnut Ave.
Tel. ( ) [redacted]
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Michael Basile
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other ____
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: ____ No. of Spare Heads: ____
☐ Valves Supervised – Method: ____
Water Supply – Source: ____ Size: ____
FD Connection Location: ____
Estimated Cost of Work: $ ____

FEE $ ____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other ____
Manual Pull: ☐ Yes ☐ No
Locations: ____
Estimated Cost of Work: $ ____

$ ____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work : $ ____

FEE $ ____

B4. STAND PIPES

Pipe Size: ____ Pump Size: ____
Water Source: ____ Size: ____
FD Connection Location: ____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ ____

$ 40

B5. OTHER

$ ____
$ ____
$ ____

Subtotal $ ____
Minimum Fire Protection Fee (If Applicable) $ 50
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ ____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP ____ Present ____ Proposed
Heating Systems – Location: 2nd Floor Mechanical Room
Type: ☑ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other ____
Fuel Storage Tank – Location: ____ Fuel Type: ____ Capacity: ____
Total Estimated Cost of Fire Protection Work: $ ____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☑ Plan Review Approved
Date: 2-9-90
Approved By:

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA
Date: 3-16-90
Inspected By:

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other				
☐ Other				
☐ Other				
☐ Other				

U.C.C. Form F-140 (8/83)

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. _____
DATE ISSUED 9-21-87
REVISION DATE _____
Block 26 Lot 9 C
Subdivision _____

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Mannil Corporation
Address 32 Gorge Lane
Newfield, NJ 08344
Tel. [redacted]
Work Site Address Same as above

Contractor Eagle Electric
Address PO Box 368
Franklinville NJ 08322
Tel. [redacted]
Lic.No./Bus. Permit. [redacted]
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK: Addition - Renovation

No.	Item	Fee	No.	Item	Fee
15	Switching Outlets	$ 41.00	3	H.V.A.C. Equipment	$ 15.00
6 3 20	Lighting Outlets			Switching Devices	
1 x 50	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric		1	Welder Outlet	5.00
	Heating, Electric		2	Emergency Lights	10.00
15	Switches		3	Exh. Fans	15.00
6 3 24	Lighting Fixtures	21.00		Other	
1 x 30	Receptacles			Other	
	Bonding, Pool/Vault			Other	
	Service/Feeders			Other	
	COLUMN 1	$ 62		COLUMN 2	$ 45

Fee	
COLUMN 1	$ 82
COLUMN 2	45
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 127

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Service: Existing Amps _____ Phase _____ System Type
_____ Wire _____ Volts _____ Wiring Method
Total No. of Meters: _____
Estimated Cost of Electrical Work: $ 10,000 ac

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

PLAN REVIEW AND INSPECTION — ELECTRICAL

DATE	JOB CONDITION/COMMENTS
2/27/90	2nd Trip No Ewing / Call up
	each Elect from Office and
	as on Plans

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☑ Rough				10-24-89
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in-Card		
Temporary Cut-in-Card		
Final Cut-in-Card		

FIRE SUBCODE
TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 0-87
DATE ISSUED 2-21-89
REVISION DATE
Block Lot
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner MarNik Corp.
Address 32 Gorgo Lane
Dewfield NJ 08344
Tel [redacted]
Work Site Address Same As Above

Contractor Triangle Mechanical
Address 1459 W. Chestnut Ave
Tel. ( ) [redacted]
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Michael Basile
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised — Method:
Water Supply — Source: Size:
FD Connection Location:
Estimated Cost of Work: $

FEE $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $

$

B3. ALARM

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $

FEE $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

$ 40

B5. OTHER

$
$
$

Subtotal	$
Minimum Fire Protection Fee (If Applicable)	$
Total Fire Protection Fee (*Greater of Minimum or Subtotal*)	$

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed
Heating Systems — Location: 2nd Floor Mechanical Room
Type: ☑ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank — Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-140 (8/83) Green = Office Copy White = Applicant Copy Pink = Inspection Copy

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block _____ Lot _____
Subdivision _____

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner _____
Address _____
Tel. ( ) _____
Work Site Address _____

Contractor _____
Address _____
Tel. ( ) _____
Lic.No./Bus. Permit _____
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

_____
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace			Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection			Other _____	
	Sewer Util. Connection			Other _____	
	Hose Bibb			Other _____	
	Water Cooler			Other _____	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage — Material _____ Size _____
Building Sewer— Material _____ Size _____
Water Service— Material _____ Size _____
Venting — Material _____ Size _____
Estimated Cost of Plumbing Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☑ Plan Review Approved
Date: 2-7-89
Approved By: Angie

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA
Date: 3-15-90
Inspected By: Angie

INSPECTIONS

Type	Failure Dates			Approval Date
☑ Slab				8-31-89
☑ Rough				8-31-89
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO Final		2-22-90		
☐ Other				

U.C.C. Form F-130 (8/83)

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 5-89
DATE ISSUED 2-21-89
Block 26 Lot 9C
Subdivision

A. IDENTIFICATION

Owner Marnick Corp. Agent 1
Address Gorgo Lane Address
Newfield, N.J.
Tel. ( ) Tel. ( )
Work Site Address Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $
Fees Remitted $
☐ Check No.
☐ Cash
☐ Other
Collected By: TYNC
Date: 2-21-89

is hereby granted permission to perform the following work:

☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

Addition

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: $

Robert Adams
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

TELEPHONE:
AREA CODE (609)
697-1100

Borough of Newfield

N. W. BLVD. & SALEM AVENUE
P. O. BOX 605
NEWFIELD, NEW JERSEY 08344

CONSTRUCTION OFFICIAL/CODE ENFORCEMENT

CONSTRUCTION FEES

BUILDER Marvil MODEL NAME addition

OWNER _____

BUILDING SUB-CODE FEE:	CUBIC FOOTAGE 32,000	400.00
	EST. COST _____	
ELECTRIC SUB-CODE FEE:	_____	127.07
PLUMBING SUB-CODE FEE:	_____	71.00
FIRE FEES:		40.00
SEWER/ SEPTIC FEE:		
	CONSTRUCTION FEE: (sub-total)	5.00
	CERTIFICATE OF OCCUPANCY	20.00
	STATE TRAINING FEE	19.20
TOTAL CONSTRUCTION PERMIT FEE:		682.20

ADDRESS: _____

BLOCK _____ LOT _____

PERMIT# _____

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 3-89
DATE ISSUED 2-21-89
REVISION DATE
Block 26 Lot 9.C
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

Owner Marnik Corporation
Address 32 Gongo Lane
Newfield, NJ 08344
Tel. [redacted]
Work Site Address Same as above

When changing contractors, notify this office

Contractor Triangle Mechanical
Address 1459 W. Chestnut Ave.
Vineland, N.J.
Tel. [redacted]
Lic.No./Bus. Permit [redacted]
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Michael Basile
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$ 14 ᵐ		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
3	Lavatory/Sink	21 ᵐ		Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace			Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection			Other Furnace	15 ᵐ
	Sewer Util. Connection			Other	
3	Hose Bibb	21 ᵐ		Other	
	Water Cooler			Other	
	COLUMN 1	$ 56		COLUMN 2	$ 15 ᵐ

Fee	
COLUMN 1	$ 56 ᵐ
COLUMN 2	$ 15 ᵐ
SUBTOTAL	$ 71 ᵐ
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 71 ᵐ

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage —	Material	ABS	Size	4"
Building Sewer —	Material		Size	
Water Service —	Material	PVC	Size	1"
Venting —	Material	ABS	Size	4"

Estimated Cost of Plumbing Work: $ 3000.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

APPLICATION FOR CERTIFICATE

PERMIT NO. _____
DATE ISSUED _____
Block _____ Lot _____
Subdivision _____
Notice No. _____

IDENTIFICATION

OWNER:

Name Mannik Corporation
Address 32 Gorgo Lane
Town/State/Zip Newfield, NJ 08344

CONSTRUCTION LOCATION:

Address 32 Gorgo Lane
Newfield, NJ 08344
Tel. [redacted]

ACTION

☐ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ _____
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____
OWNER/AGENT

☐ Owner
☐ Agent

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 0-87
DATE ISSUED 2-21-89
REVISION DATE
Block 26 Lot 9.C
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner Nannik Corporation
Address 32 Gorgo Lane
Newfield, NJ 08344
Tel. [redacted]
Work Site Address Same as above

Contractor Carrie Electric
Address PO Box 368
Franklinville NJ 08322
Tel. [redacted]
Lic.No./Bus. Permit. [redacted]
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK: Addition & Renovation

No.	Item	Fee	No.	Item	Fee
15	Switching Outlets	$ 41.00	3	H.V.A.C. Equipment	$ 15.00
~~$3.00~~	Lighting Outlets			Switching Devices	
~~48.00~~	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric		1	Welder Outlet	5.00
	Heating, Electric		2	Emergency Lites	10.00
15	Switches		3	Exh. Fans	15.00
~~$3.00~~	Lighting Fixtures	41.00		Other	
~~48.00~~	Receptacles			Other	
	Bonding, Pool/Vault			Other	
	Service/Feeders			Other	
	COLUMN 1	$ 82.00		COLUMN 2	$ 45

Fee	
COLUMN 1	$ 82.
COLUMN 2	45
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee (Greater of Minimum or Subtotal)	$ 127

C. ELECTRICAL CHARACTERISTICS

USE GROUP: ~ Present Proposed
Service: Existing Amps Phase System Type
Wire Volts Wiring Method
Total No. of Meters:
Estimated Cost of Electrical Work: $ 10,000 ~~00~~

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

NOTICE OF PERMIT UPDATE

UNIFORM CONSTRUCTION CODE

PERMIT NO. _____

DATE ISSUED _____

Block _____ Lot _____

Subdivision _____

IDENTIFICATION

Owner _____

Address _____

Tel. ( ) _____

Work Site Address _____

Agent Carl Stenger

Address 2106 W. Main
Millville, N.J.

Tel. ( ) [redacted]

Lic. No. [redacted]

Federal Emp. No. [redacted]

PAYMENTS

Permit Fee $ _____

Fees Remitted $ _____

☐ Check No. _____

☐ Cash

☐ Other _____

Collected By: _____

Date: _____

is hereby granted permission to perform the following work:

☐ BUILDING ☐ ELECTRICAL

☐ PLUMBING ☐ FIRE PROTECTION

☐ OTHER _____

Description of work:

Estimated Cost of Work: $ _____

_____
CONSTRUCTION OFFICIAL

U.C.C. Form F-190 (8/83) Light Green = Office Copy White = Applicant Copy

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 89-88
DATE ISSUED 10-18-88
Block 26 Lot 9C
Subdivision

A. IDENTIFICATION

Owner Marnik Corporation
Address P.O. Box 735 Newfield, N.J.
Tel. ( )

Agent Caple Electric
Address P.O. Box 368 Franklinville, N.J.
Tel. ( )

Work Site Address 32 Gorgo Lane Newfield, N.J. 08344
Lic. No. [redacted]
Federal Emp. No.

PAYMENTS

Permit Fee $ 30.00
Fees Remitted $
☐ Check No.
☒ Cash
☐ Other
Collected By: tlvc
Date: 10/18/88

is hereby granted permission to perform the following work:

☐ BUILDING ☒ ELECTRICAL

☐ PLUMBING ☐ FIRE PROTECTION

☐ OTHER

Description of work:

Hook up of temporary office trailer
1 service feeder

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: $

Robert Adinolfi Head
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 89-88
DATE ISSUED 10-18-88
REVISION DATE
Block 26 Lot 4C
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* — When changing contractors, notify this office

Owner Mornik Corporation
Address P.O. Box 735
Newfield, NJ 08344
Tel. [redacted]
Work Site Address 32 Gorgo Lane
Newfield, NJ 08344

Contractor Capsco Electric
Address P.O. Box 368
Franklinville NJ 08322
Tel. [redacted]
Lic.No./Bus. Permit. 6079
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK: Hook-up of Temporary Office Trailer

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$		H.V.A.C. Equipment	$
	Lighting Outlets			Switching Devices	
	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric				
	Switches				
	Lighting Fixtures			Other	
	Receptacles			Other	
	Bonding, Pool/Vault			Other	
1	Service/Feeders			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$ 30.00
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Service: _____ Amps _____ Phase _____ System Type

_____ Wire _____ Volts _____ Wiring Method

Total No. of Meters: _____

Estimated Cost of Electrical Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 2-89
DATE ISSUED 2-21-89
REVISION DATE
Block 26 Lot 9.C
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* — When changing contractors, notify this office

Owner Mannik Corporation
Address 32 Gorgo Lane
Newfield, NJ 08344
Tel. ( ) [redacted]
Work Site Address Same as above

Contractor Mannik Corporation
Address 32 Gorgo Lane
Newfield, NJ 08344
Tel. ( ) [redacted]
Lic. No.
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Gerald Mannik
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

☐ See Plans

TYPE OF WORK:

	Fee Basis	Fee
☐ New Building		
☒ Addition		$ 400.00
☐ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other		
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories 1
Total Building Area—All Floors 2000 Sq. Ft.
Height of Structure 16 Ft.
Volume of Structure 32,000 Cu. Ft.
Area—Largest Floor 2000 Sq. Ft.
Total Land Area Disturbed 3000 Sq. Ft.
Estimated Cost of Building Work: $ 50,000.00

D. COMMENTS

☐ Partial P

ZONING PERMIT

№ 139

BOROUGH OF NEWFIELD, GLOUCESTER COUNTY, N.J.

Owner Mannik Corporation

Block No. 26 **Lot No.** 9.C

Contractor

Issue Date 2-21-89

This Permit is void if active work has not commenced within (12) twelve months from date of issue.

NOTE: A Certificate of Occupancy must be obtained from the Zoning Officer before building may be occupied under penalty of Law.

Zoning Officer R. Adams

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 2-84
DATE ISSUED 2-21-84
REVISION DATE

Block 26 Lot 9.C
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* — When changing contractors, notify this office

Owner Mannik Corporation
Address 32 Gorgo Lane
Newfield, NJ 08344
Tel. [redacted]
Work Site Address Same as above

Contractor Mannik Corporation
Address 32 Gorgo Lane
Newfield, NJ 08344
Tel. [redacted]
Lic. No.
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Gerard Mannik
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

☐ See Plans

TYPE OF WORK:
- ☐ New Building
- ☒ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
	[redacted]	$ 400.00
	[redacted]	[redacted]
	[redacted]	[redacted]
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories 1 — Total Building Area—All Floors 2000 Sq. Ft.
Height of Structure 16 Ft. — Volume of Structure 32,000 Cu. Ft.
Area—Largest Floor 2000 Sq. Ft. — Total Land Area Disturbed 3000 Sq. Ft.
Estimated Cost of Building Work: $ 50,000.00

D. COMMENTS

☐ Partial P

~~John M Eckler~~ Jr., Construction Official
Application for Zoning Permit

Proposed Worksite: 28 Coeco Lane
Owner of Property Henry Papiano

Signature of Owner: H P
Phone Number: [redacted] Block: 1002 Lot: 28
Mailing Address: 28 Coeco Lane Newfield NJ 08344

Attach a copy of an Original Plot Plan or Survey Sheet

Description of Work: Temporary office Trailer For Covid 19 So office People do not have to get laid off Temporay until school opens

Office Use Below

Current Zoning: _____ Square Feet of Lot: _____
Footprint of Structure Sq. Ft. 225 Height: 8
Allowable Coverage Building: _____ % Paving 0 %
Existing Sq. Ft. of Building Lot Coverage: _____ New: _____
Existing Sq. Ft. of Paving Coverage: 0 New: _____
No. of Family Members Building Designed to Accommodate: _____
Approved: _____ Denied: _____ Date: _____
John M. Eckler, Zoning Officer

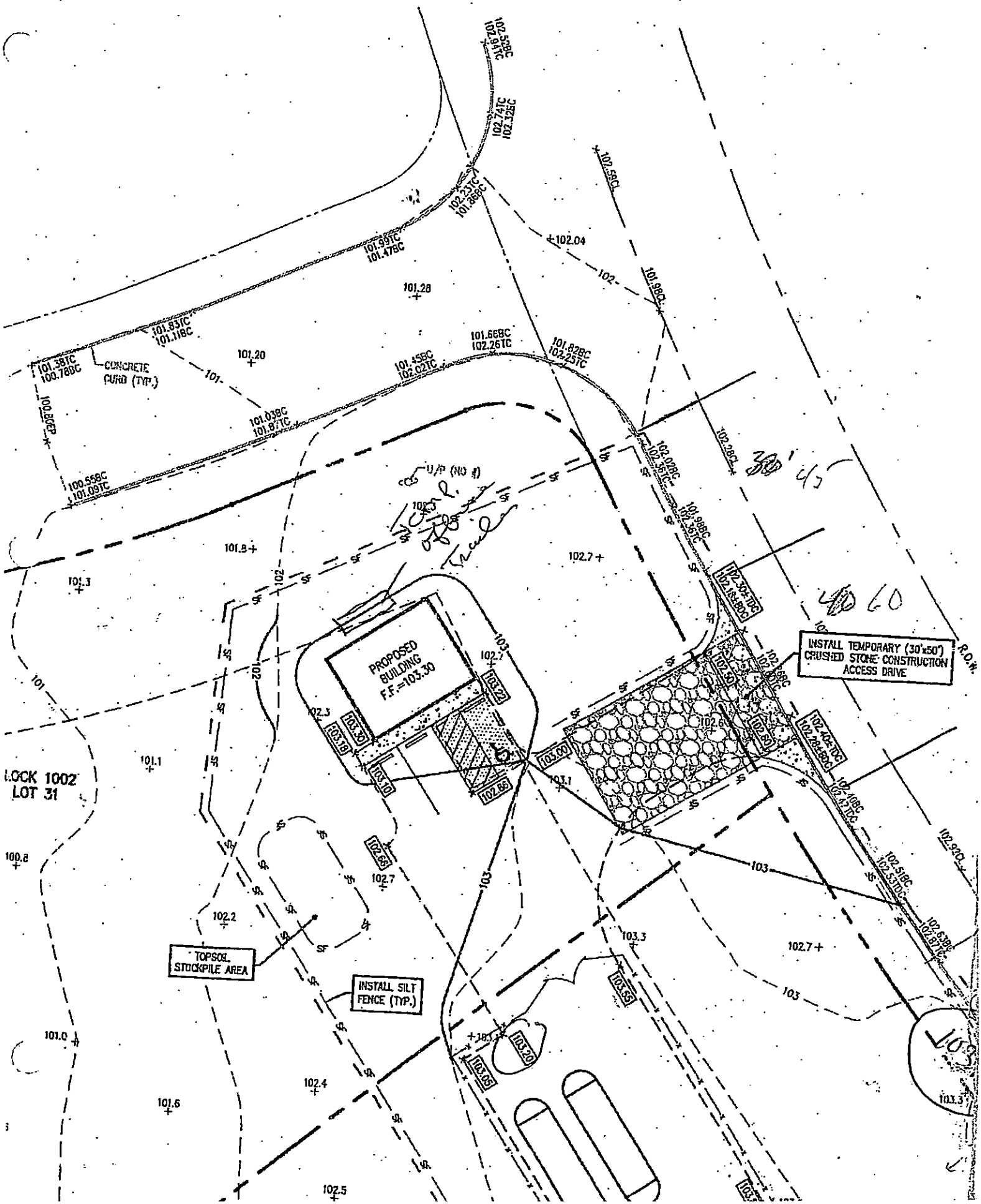
Note of Office Use: ~~One~~ need Building Electric For Temp Trailer Plumbing If Connecting to Sewer

Fees: $50.00 Date _____ Check No.: _____ Collected By: _____
Re-Inspect: $25.00 Date _____ Check No.: _____ Collected By: _____

Construction Permit Yes X No _____ Scheduling of All Necessary Inspections is the Responsibility of the Applicant And Or Contractor.

Applicant Assumes All Responsibility For Any Impact On Drainage And Grades:

Applicant Acknowledges That Additional Variances And Or Waivers May Be Required And Should Be Included In Any Legal Notices. New Construction Requires Grass And Sidewalks.


PROPOSED BUILDING F.F.=103.30
INSTALL TEMPORARY (30'x50') CRUSHED STONE CONSTRUCTION ACCESS DRIVE
TOPSOIL STOCKPILE AREA
INSTALL SILT FENCE (TYP.)
CONCRETE CURB (TYP.)
LOCK 1002
LOT 31
U/P (NO #)
R.O.W.

CONSTRUCTION PERMIT

Date Issued 1-14-98
Control #
Permit # 3-98

IDENTIFICATION Block 1002 Lot 28 & 29

Work Site Location 32 GORGO LANE
NEWFIELD, NJ 08344

Owner in Fee DONATO ASSOC.

Address 32 GORGO LANE
NEWFIELD, NJ 08344

Tel. ( ) [redacted]

Contractor DENNIS CHELI

Address WILLOW ST.
LANDISVILLE, NJ 08326

Tel. ( )

Lic. No. or Bldrs. Reg. No. [redacted]

Fed. Emp. No.

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:

BUILDING OF A LOADING DOCK 50 X 30 CONCRETE 6" DEEP FOOTING

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 $ 5000.00

Construction Official

1-14-98
Date

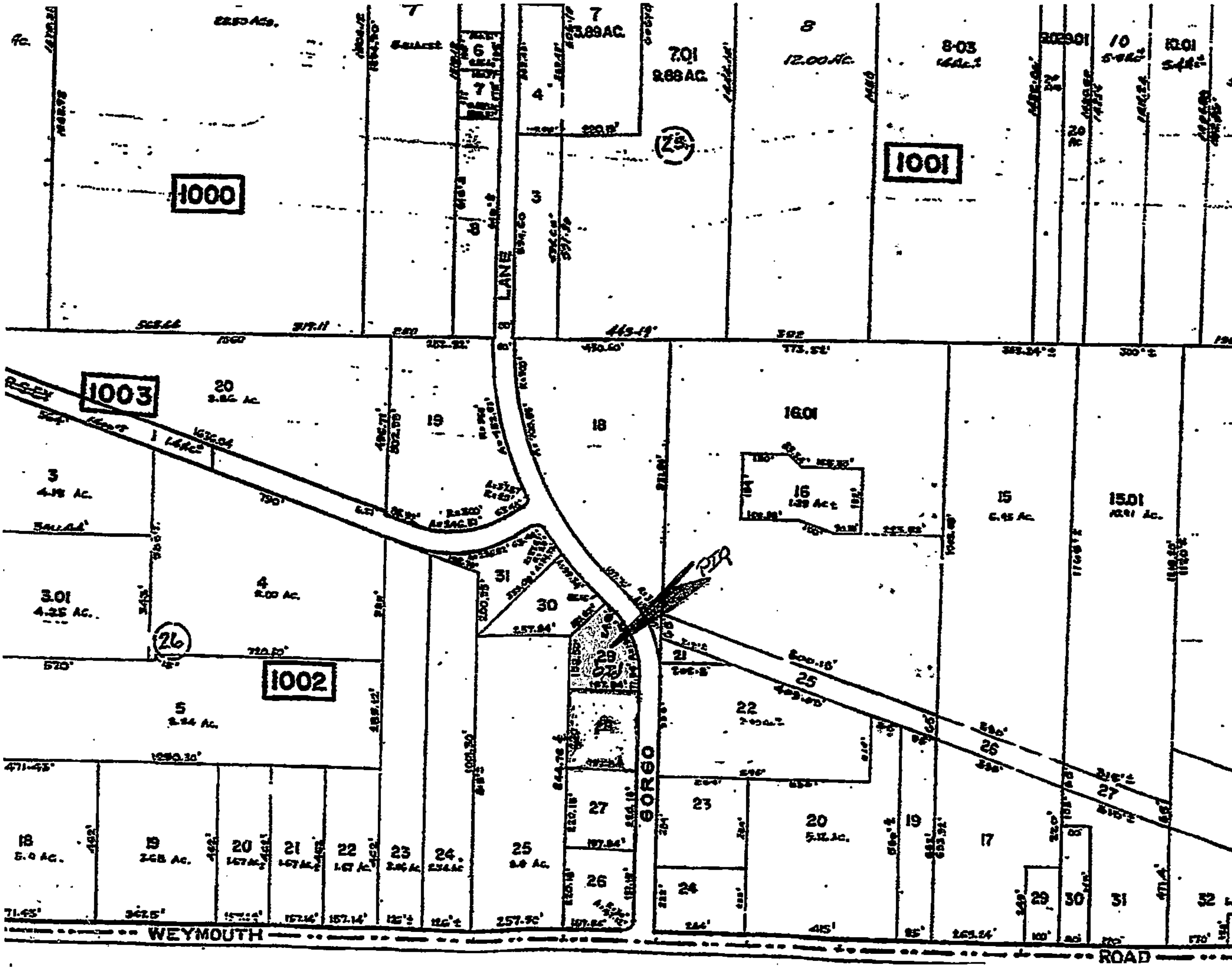
PAYMENTS (Office Use Only)

Building 100.00
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee 4.00
Cert. of Occupancy
Other
Total 104.00
Check No.
Cash
Collected by

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

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)


1000
1001
1002
1003
LANE
GORGO
WEYMOUTH
ROAD
7
3.89 AC.
7.01
9.88 AC.
8
12.00 Ac.
8.03
10
10.01
6
7
4
3
8
20
19
18
16.01
16
15
15.01
3
4.19 Ac.
3.01
4.25 Ac.
4
5
31
30
29
21
22
25
26
27
23
24
20
19
17
18
5.0 Ac.
19
2.68 Ac.
20
21
22
23
24
25
26
27
29
30
31
32
28
26

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3-98
Control #
Permit #

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

Block 1002 Lot 28-29
Work Site Location 32 Carson Lane
Dewfield NJ 08344
Owner in Fee
Address
Tele. ( )
Contractor Dennis Chelf
Address Willow st
Landville, NJ 08326
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. 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

+ Building of a loading Dock
50 x 30 Concrete 6in Deep
Footings 24in wide
48in Deep
50 Feet Long

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other Loading Dock	1/14/98	

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

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

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____

[ ] Demolition

B. BUILDING CHARACTERISTICS

Use Group Present _____ 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. $
2. Alteration $
3. Total (1+2) $ 5000.00

FEE (Office Use Only)

$
100.00

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 4.00
TOTAL FEE	$ 104.00

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

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

GLOUCESTER COUNTY DEPARTMENT OF HEALTH

CARPENTER STREET & ALLENS LANE
WOODBURY, NEW JERSEY 08096

"APPLICATION FOR APPROVAL OF PLANS FOR CONSTRUCTION OF AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM"

FOR OFFICIAL USE ONLY — GLOUCESTER CO. DEPT. OF HEALTH
APPROVED
DATE 8-7-79
BY S. Weber

PLEASE NOTE !!!! Secure a permit from local Board of Health

Date 19 JULY 1979 Municipality BORO OF NEWFIELD

Location GORGO LANE Block No. 26 Lot No. 9C

Owner's Name MARNICK CORP Phone Number 697-3681 609-697-1830

Owner's PRESENT Address GORGO LANE - NEWFIELD N.J. 08344

Builder's Name MARNICK CORP Phone Number 697-3681 697-1830

Builder's Address WOODLAWN AV. NEWFIELD - N.J.

Type of Building to be served:

(A) If dwelling unit: No. of Bedrooms — Expansion Attic? —

Den? — Garbage Disposal Unit? —

(B) If other building (specify type) Construction OFFICE & GAR Gallons per person 25

MAX No. of persons 20 Total gallons per day 500 G.P.D.

Septic Tank: Liquid Capacity 900 gal. Material CONCRETE

Liquid Disposal:

(A) Disposal trenches: Width — Depth — Linear feet —

Distance between lines — Type & Size of pipe —

(B) Disposal Bed: Width 22 Length 28 Depth 25"

Total square feet 616 Sq. Ft. Linear feet of pipe 125

Type and size of pipe 4" PERF ORANGBURG

Well: Type CITY WATER Depth — Depth of casing —

Location — Distance from septic tank —

Distance from disposal field —

SEASONAL HIGH WATER TABLE 12 Ft

PERCOLATION TEST RESULTS PERFORMED BY A.E. Bernard C.E. (date) JULY 19, 1979

Hole No.	Rate in minutes per inch	Depth of perc test	Type of soil encountered and depth of each and depth to ground water
1	18	25"	FIRST 2 Ft GRAVEL FILL
			NEXT 8 Ft SAND GRAVEL
			NEXT 6 FT SAND
			NO WATER AT 16 Ft AT
			TIME OF TEST

RECEIVED
AUG 3 1979
GLOUCESTER CO. DEPT. OF HEALTH

A. E. BERNARD, C. E.
Professional Engineer and Land Surveyor
Cor. N. Brewster & Bryant
Vineland, New Jersey 08360

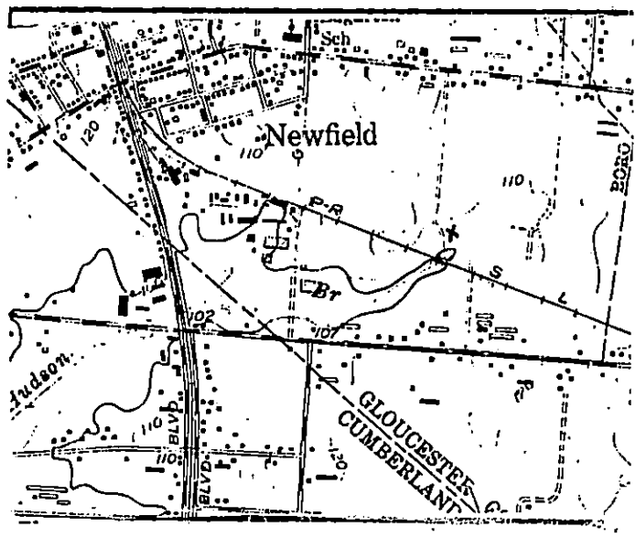
SKETCH OF PROPOSED INSTALLATION

LOCATE ALL PERCOLATION AND SOIL BORE TESTS

SEE ATTACHED PLAN

Make an accurate sketch showing the following; lot dimensions, location of house; well; location of each unit of disposal system; including number, length, and diameter of lines, and all buildings in disposal area. Include distance from disposal area to well, house, and property lines, and all other buildings and any existing disposal units and wells.

SEE ATTACHED SKETCH



KEY MAP

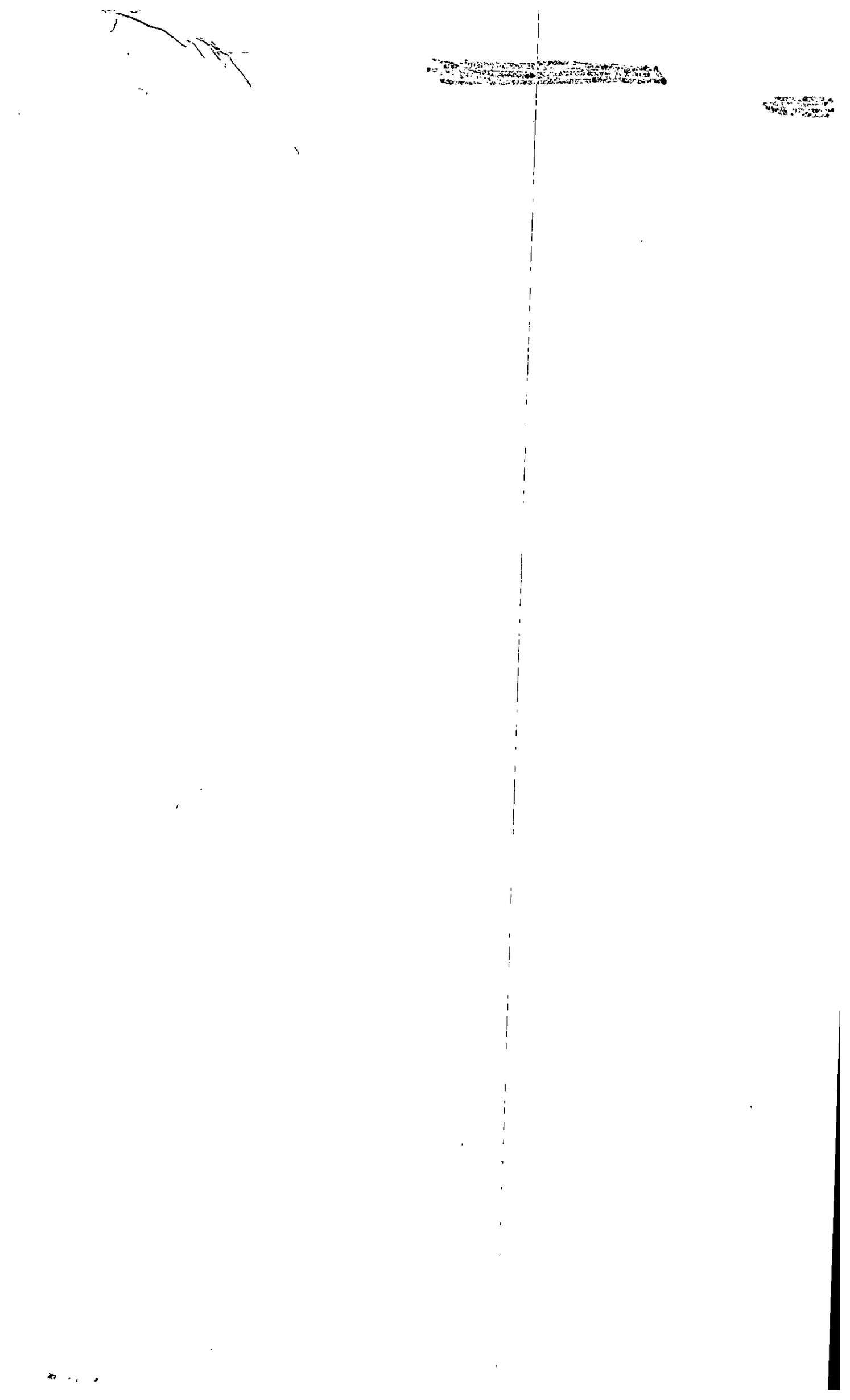
Make a cross-section showing trench or bed preparation, depth of filter material, the cover, and the backfill. Indicate water table, existing grade, and extent of fill, if any.

ALL INSTALLATIONS SHALL BE MADE IN ACCORDANCE WITH CHAPTER 199, P. L. 1954 AND STANDARDS FO THE CONSTRUCTION OF SEWERAGE FACILITIES FOR REALTY IMPROVEMENTS.

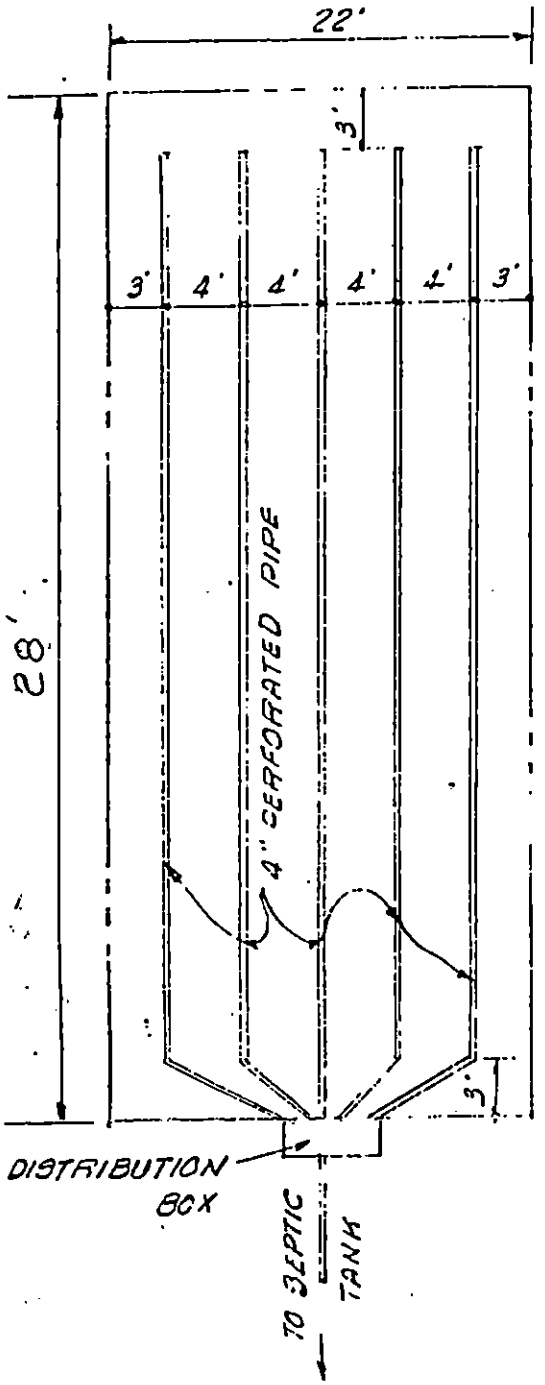
I CERTIFY ANY WELL LESS THAN 100 FEET FROM THE DISPOSAL AREA IS AT LEAST 50 FEET DEEP AND ENCASED AND THERE IS NO WELL LESS THAN 50 FEET FROM THE SEPTIC TANK. THERE IS NO DISPOSAL AREA WITHIN _____ FEET OF THE PROPOSED WELL SITE.

CITY WATER ENGINEER'S SIGNATURE A E Bernard C.E. [redacted] (license no.

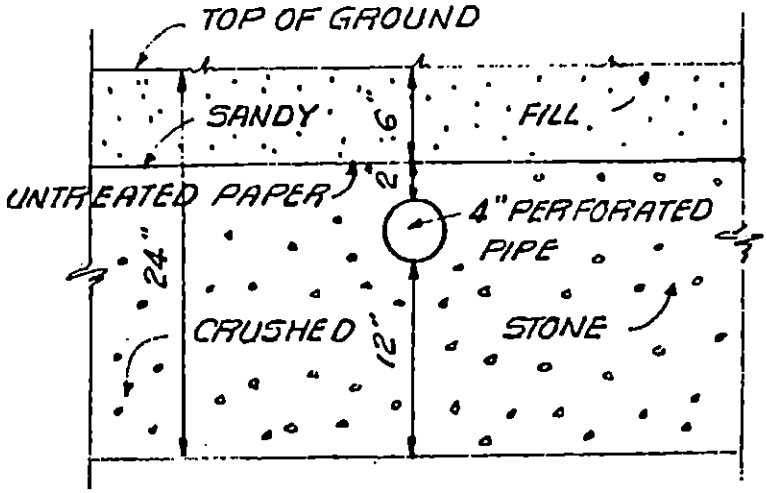
PHONE NUMBER [redacted]



A. E. BERNARD, C.E.
Professional Engineer and Land Surveyor
License No. 3725



DISPOSAL BED PLAN



CROSS SECTION OF DISPOSAL BED

NOTE:
SLOPE OF LINES TO BE 2" TO 4" IN 100'
MAXIMUM SLOPE OF LINES - 6" IN 100'

PREPARED BY
A. E. Bernard C.E
PROF. ENG. & L.S
LIC. NO. 3725

DETAILS OF DISPOSAL BED LAYOUT
FOR
MARNICK CORP
GOLGO LANE
BOROOF NEWFIELD
GLOUCESTER COUNTY