DNR
DEC 28

FRANKLIN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville NJ 08322
856-694-1234 ext 7
Fax: 856-694-1279

Tax Bill Cert

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 Erika MI ____ Last Name Grandy

E-mail Address Erika@skellyrealestate.com

Mailing Address 811 Landis Ave.

City Bridgeton State NJ Zip 08302

Telephone 856-455-8820 FAX 856-455-8044

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

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 12/17/18

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.

788 E. Oak Ave Malaga, NJ 08328
Would like to obtain information on any outstanding municipal liens or code violations for the above property. 4904-32.04

Sig 12/18/18

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

LIST OF APPLICATIONS

Block 4904 and Lot 32.04

December , 18 2018 9:01:40AM

Control No	App Date	Perno	Per dt	UpdateNo	CCO No	CCO Dt	Close Dt		Block	Lot	Qual	Description	
Owner name		Site Address		Owner Address			MunWvd	All Wvd		Use Grp			
CUFT	SQFT	Bldg Elec	Fire	Plumb	Elev	Mech	BFee	EFee	FFee	Pfee	Elev Fee	Mfee	Tr Fee	CCO Fee
Cost Const	Alt Const	Cost Demol	CO Date	CA Date		Cfee	Badm	EAdm	FAdm	PADM	VAdm	MAdm	Alt Fee	CO Fee
App Type							Hfee		Gfee		TFee	Sfee	DCA Min.	Tot Fee
3780	05/08/1996	19960142	05/08/1996	0				12/13/1996		4904	32.04			
DOBSON, ARRET	SFD										R-3			
26,802.00	1,455.00	Yes Yes	Yes	Yes			$735.00	$152.00	$46.00	$200.00	$0.00	$0.00	$42.00	$0.00
$ 55000.00	$ 0.00	$ 0.00	12/13/1996			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$30.00
P							$0.00		$0.00		$0.00	$0.00	$0.00	$1,205.00
4481	08/15/1997	19970290	08/15/1997	0				1/30/2008		4904	32.04	ANDONED	ABOVE GROUND POOL	
PACE, JOHN	(POOL)	788 OAK AVE									U			
1,959.00	452.00	Yes Yes					$62.00	$58.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 5500.00	$ 0.00				$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$4.00	$30.00
P							$0.00		$0.00		$0.00	$0.00	$0.00	$154.00
20109	07/12/2016	20160525	07/12/2016	0						4904	32.04		WATER HEATER	
PACE, JOHN P & JANET N		788 OAK AVE		788 OAK AVE							R-5			
0.00	0.00			Yes			$0.00	$0.00	$0.00	$52.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 385.00	$ 0.00				$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.00	$0.00
P							$0.00		$0.00		$0.00	$0.00	$0.00	$53.00
20623	12/27/2016	20160976	12/29/2016	0				2/1/2017		4904	32.04		SOLAR INSTALLATION-ROOF 5.72KW	
PACE, JOHN P & JANET N		788 OAK AVE		788 OAK AVE							R-5			
0.00	0.00	Yes Yes					$52.00	$277.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 7397.00	$ 0.00		02/02/2017		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$14.00	$0.00
P							$0.00		$0.00		$0.00	$0.00	$0.00	$343.00

FRANKLIN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville NJ 08322
856-694-1234 ext 7
Fax: 856-694-1279

Due Dec 28

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 MARK MI P Last Name Broders

E-mail Address mark@masterbuildinginspection.com

Mailing Address 1 Makefield Rd D166.

City Morrisville State PA Zip 19067

Telephone 609 937 1117 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 12/13/18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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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.

- Property Details including size, drawings, boundries, Date of construction s, maps
- outstanding Building, Electrical, plumbing code violations
- Certificate of Occupancy
- Open Permits
- outstanding Fire code violations
- Zoning Info
- Health inspections and/or code violations
- All closed permits

6701-3

*All for 176 Harding Hwy Newfield NJ 08344

Sig 12/19/18

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

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

LIST OF APPLICATIONS

Block 6701 and Lot 3 December , 19 2018 9:07:16AM

Control No	App Date	Perno	Per dt	UpdateNo	CCO No	CCO Dt	Close Dt		Block	Lot	Qual	Description	
Owner name		Site Address		Owner Address			MunWvd	All Wvd		Use Grp			
CUFT	SQFT	Bldg Elec	Fire	Plumb Elev	Mech	BFee	EFee	FFee	Pfee	Elev Fee	Mfee	Tr Fee	CCO Fee
Cost Const	Alt Const	Cost Demol	CO Date	CA Date	Cfee	Badm	EAdm	FAdm	PADM	VAdm	MAdm	Alt Fee	CO Fee
App Type						Hfee		Gfee		TFee	Sfee	DCA Min.	Tot Fee
17557	10/17/2013	20130562	10/17/2013	0					6701	3	QFARM	RENOVATIONS-REMOVE PANELING,REPLACING	
IN HIS PRESENCE WORSHIP CEN		176 HARDING HWY		P O BOX 1564						E		WITH SHEETROCK,	
0.00	0.00	Yes				$480.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 20000.00	$ 0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$34.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$514.00

Block: **6701**	**Bldg:** 2SF CONVENTL	**Owners Name:**	MELONI, JOSEPH R JR & PETACCIO,GINA	Land:	**31,500**	Exemption	Net Taxable Value
Lot: **3**	**Lot:** 2.29AC	**Street Address:**	245 CONESTOGA DRIVE	Impr:	**125,000**	Code:	
Qual:	**Addl:**	**City & State:**	MARLTON, NJ 08053	Total:	**156,500**	Value:	**156,500**
Card: **M**		**Property Loc:**	176 HARDING HWY	Class: **3A**		**FRANKLIN TWP**	

BUILDING PERMITS

Date	Description	Amount	Compl	Mos	Added

ASSESSMENT HISTORY

Year	Land	Impr	Net
2018	31,500	125,000	156,500
2017	54,500	125,000	179,500

SALE HISTORY

Grantor	Date	Price	Nu

LAND CALCULATIONS

UNIT METHOD:	UNIT: 1.000 AC	RATE: 20000	SITE: 15000	NC:100			35,000
UNIT METHOD:	UNIT: 1.000 AC	RATE: 10000	SITE:	NC:100			10,000
ADJUSTMENTS:	70%	100%	100%	100%	NET:70.00%		31,500

SITE INFORMATION

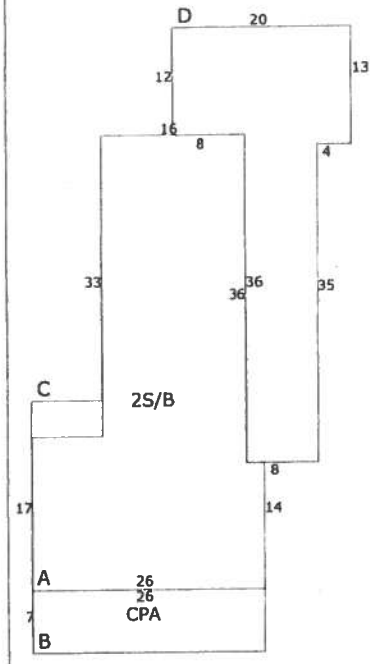
Map:	Neigh:	Util:
67	400	
Zone:	**VCS:**	**Road:**
PHC	A301	PAVED
Acres:	**Auto:**	**Topo:**
2.000	Y	LEVEL

RESIDENTIAL COST APPROACH

	Size
BASEMENT	964
FIRST STORY	1528
UPPER STORY	964
STONE SF	328
FORCED HOT AIR	2492
3 FIXTURE BATH	2
2 FIXTURE BATH	0
FIREPLACE 2STY	1
PATIO	182
SHED 1STY	25 : 352
DETACHED GARAGE	70 : 1920

SKETCH

~~1-TRAF-INFL/NOISE~~



A=2S/B (964)
B=CPA (182)
C=1S/CR (32)
D=1S/CR (532)

BLDG INFORMATION

Year Built: 1850	**Type/Use:** ONE FAMILY
Eff Age: 99 Y	**Style:** COLONIAL
Bldg Cla: 17	**Ext Siding:** VINYL SIDING
Num Units: JJ	**Roof Type:** GABLE
Condition: FAIR	**Roof Matl:** ASPHALT SHINGLE
Int Cond: FAIR	**Foundation:** CONC/CIND BLK
Story Ht: TWO STORY	**Fndtn Const:**
Row/End:	**Heat Source:** GAS
Garage:	**Livable Area:** 2492

Room Count	B	1	2	3	T
BEDROOMS:			3		3
FULL BATH:		1	1		2
HALF BATH:					0
KITCHEN:		1			1
LIVING RM:		1			1
DINING RM:		1			1
FAMILY RM:		1			1
OTHER:					0

Condition	Modern	Avg	Old
KITCHEN:		1	
BATH:			2

Land: **31,500** Impr: **125,000** Total: **156,500**

PHOTO

12/19/18

Room Count and Zoning is for informational purposes only. Verification of legal status must be obtained from Health Department and Zoning Department respectively.

Township of Franklin
ATTN: CLERK
Requestor Information – Please Print

Due Dec 19

First Name Christine MI _____ Last Name Brandes

E-mail Address ProTitle USA Christine.protitle@gmail.com

Mailing Address 95 James Way, Unit 120

City Southampton State PA Zip 18966

Telephone 267-977-6397 Cell FAX 888-476-4355

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 *Christine M. Brandes* Date 12/7/2018

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.

Are there any code violations, building permits, or demolition scheduled? Are there fines or money owed, how much and when was/is the due date? Are there any current tax liens?

Property Address: 669 SWEDESBORO RD, Block 2601, Lot 18 - Thank you for your assistance!

No Records Sin 12/10/18

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

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

DEPOSITS
The custodian may require a deposit against costs for reproducing documents sought through an anonymous request whenever the custodian anticipates that the documents requested will cost in excess of $5 to reproduce.

Where a special service charge is warranted under OPRA, that amount will be communicated to you as required under the statute. You have the opportunity to review and object to the charge prior to it being incurred. If, however, you approve of the fact and amount of the special service charge, you may be required to pay a deposit or pay in full prior to reproduction of the documents.

YOUR REQUEST FOR RECORDS IS DENIED FOR THE FOLLOWING REASON(S):

(To be completed by the Custodian of Records – check the box of the numbered exemption(s) as they apply to the records requested. If multiple records are requested, be specific as to which exemption(s) apply to each record. **Response is due to requestor as soon as possible, but no later than seven business days.**)

N.J.S.A. 47:1A-1.1

- [ ] Inter-agency or intra-agency advisory, consultative or deliberative material
- [ ] Legislative records
- [ ] Law enforcement records:
  - [ ] Medical examiner photos
  - [ ] Criminal investigatory records (however, N.J.S.A. 47:1A-3.b. lists specific criminal investigatory information which must be disclosed)

Township of Franklin
ATTN: CLERK
Requestor Information – Please Print

DEC 19

First Name Christine MI _____ Last Name Brandes

E-mail Address ProTitle USA Christine.protitle@gmail.com

Mailing Address 95 James Way, Unit 120

City Southampton State PA Zip 18966

Telephone 267-977-6397 Cell FAX 888-476-4355

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

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Signature Christine M. Brandes Date 12/7/2018

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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Are there any code violations, building permits, or demolition scheduled? Are there fines or money owed, how much and when was/is the due date? Are there any current tax liens?

Property Address: 3086 MAIN RD, Block 5901, Lot 14 - Thank you for your assistance!

NO Records Sip 12/10/18

AGENCY USE ONLY

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

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AGENCY USE ONLY

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Total Pages _____

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Deposit _____
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Records Provided

Custodian Signature Date

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N.J.S.A. 47:1A-1.1

- ☐ Inter-agency or intra-agency advisory, consultative or deliberative material
- ☐ Legislative records
- ☐ Law enforcement records:
  - ☐ Medical examiner photos
  - ☐ Criminal investigatory records (however, N.J.S.A. 47:1A-3.b. lists specific criminal investigatory information which must be disclosed)

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, Custodian of Public Records

P2 CONT

DUE DEC 10

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 MATT MI Last Name RICHES

E-mail Address

Mailing Address 2384 WILLIAMSTOWN RD

City FRANKLINVILLE State NJ Zip 08322

Telephone 609-410-5785 FAX

Preferred Delivery: Pick-Up ✓ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☐

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 [signature] Date 12-3-18

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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Other materials (CD, DVD, etc) - actual cost of material

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COPIES OF ALL BUILDING, ELECTRICAL, PLUMBING, ZONING, MECHANICAL, FIRE PERMITS, TEMP. C/O, PERM. C/O. CONSTRUCTION jacket + checks PAID FOR FEES ON: 500 SWEDESBORO RD. BLK 2404 LOT 23 1035/1041 WILLIAMSTOWN RD BLK: 3506, LOTS 4+5, 2418 WILLIAMSTOWN RD. LAST 6 YEARS.

EXAMPLES ATTACHED

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost
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Deposit
Balance Due
Balance Paid

Records Provided

SJP 12/3/18

Custodian Signature Date

Township of Franklin
1571 Delsea Drive
Franklin, NJ 08322
856 - 6941234

Permit Number: 20150421
Update Number:
Control Number: 19041
Application Date: 08/04/2015
Permit Date: 08/06/2015

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 2404 Lot: 1 Qualification Code:
Work Site Location: 500 SWEDESBORO RD Franklin

Owner In Fee: TOP DOG INVESTMENTS
Address: 1638 GRANT AVE.
FRANKLINVILLE NJ 08322

Telephone: ()

Use Group(s): R-5

Contractor:
Address:

Telephone: ()
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
ALTERATIONS-INTERIOR UPDATES, WALLS TO BE FIRESTOPPED, ELECTRIC, A/C, PLUMBING

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	15,500.00
Cost of Demolition:	0.00
Total Cost:	$15,500.00

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

PAYMENTS (Office Use Only)	
Building	$150.00
Electrical	$116.00
Plumbing	$156.00
Fire Protection	$81.00
Elevator Devices	
Mechanical	$78.00
VolFee (DCA)	
AltFee (DCA)	$31.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$612.00**
All Fees Waived:	No

Amount to be Paid:	**$612.00**
Check Number:	677
Check amount:	$612.00

RICHARD SAUNDERS
Construction Official

Date

Collected by:	mh
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$612.00
Total CC Amount:	
Grand Total:	$612.00

Note:

Township of Franklin

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 08/04/2015
Control #: 19041

Date Issued: 08/06/2015
Permit #: 20150421

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

Block: 2404 Lot: 1 Qualification Code:

Work Site Location: 500 SWEDESBORO RD

Owner Details

Name: TOP DOG INVESTMENTS

Address: 1638 GRANT AVE.
FRANKLINVILLE NJ 08322

Telephone: ( )

E-mail:

Contractor Details

Contractor:

Address:

Telephone: Fax:

E-mail:

Federal Emp. No:

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason:

B. BUILDING CHARACTERISTICS

Use Group	Present: R-5	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.	
Max. Live Load			
Max. Occupancy Load			

If Industrialized Building
State Approved _____ HUD_____

Est. Cost of Bldg. work:

1. New Building	0.00
2. Rehabilitation	5,000.00
3. Demolition	0.00
4. Total (1+2+3)	$5,000.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
ALTERATIONS-INTERIOR UPDATES, WALLS TO BE FIRESTOPPED, ELECTRIC, A/C, PLUMBING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ]No Plans Required		
[ ]All		
[ ]Footings/Foundations		
[ ]Structural/Framework		
[ ]Exterior		
[ ]Interior		
[ ]Other		

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Pylon Sign Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall 0.00 Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other 1:
[ ] Other 2:
[ ] Other 3:
[ ] Demolition

FEE (Office Use Only)

$150.00

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$10.00
TOTAL FEE	$160.00

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

Township of Franklin

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 08/04/2015
Control #: 19041

Date Issued: 08/06/2015
Permit #: 20150421

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

Block: 2404 Lot: 1 Qualification Code:

Work Site Location: 500 SWEDESBORO RD

Owner in Fee: TOP DOG INVESTMENTS

Address: 1638GRANT AVE.
FRANKLINVILLE NJ 08322

E-mail:

Telephone: 0

Contractor:

Address:

E-mail:

Telephone:

Fax:

DESCRIPTION OF WORK:
ALTERATIONS-INTERIOR UPDATES, WALLS TO BE FIRESTOPPED, ELECTRIC, A/C, PLUMBING

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp Date: Federal Emp. No.:

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $3,000.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $3,000.00

Job Summary(Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
Electric Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's seal and Signature Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
27		Lighting Fixtures	
55		Receptacles	
21		Switches	
8		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
111		TOTAL NUMBER	
		Pool Permit/with UW Lights	$90.00
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1	2.00	KW Dishwasher	$13.00
		HP Garbage Disposal	
1	3.00	KW Central A/C Unit	$13.00
		HP/KW Space Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		KW Photovoltaic Systems	
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$6.00
TOTAL FEE	$122.00

U.C.C.F120(rev. 11/09)

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

Township of Franklin

FIRE SUBCODE TECHNICAL SECTION

Date Received 08/04/2015 Date Issued 08/06/2015
Control # 19041 Permit # 20150421

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

Block: 2404 Lot: 1 Qualification Code:

Work Site Location : 500 SWEDESBORO RD

Owner Details

Owner in Fee: TOP DOG INVESTMENTS
Address: 1638 GRANT AVE.
FRANKLINVILLE NJ 08322
Telephone: 0
E-mail:

Contractor Details

Contractor:
Address:
Telephone: Fax:
E-mail:

Home Improvement Registration No. or Exemption Reason:
Fire Alarm Contractor No.: Federal Emp. No.:
Fire Protection Equipment, NJ Div of Fire Safety Installer No.: License No.:
Fire Protection Equipment, NJ Div of Fire Safety Permit No.: Exp. Date:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed
Constr. Class: Present Proposed
Heating Systems: [ ]New *or* [ ]Mod. to Existing *or* [ ]Conversion *or* [ ]Replacement *or* [ ] HVAC
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other
Location:

Fire Alarm System: [ ] New *or* [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System: [ ] New *or* [ ] Existing
Location of Main Control Valve:

Fuel Storage Tanks:

Type: [ ] Flammable *or* [ ] Combustible [ ] LPG [ ] LNG Capacity Fuel
1. New: $0.00 2. Rehabilitation: $2,500.00 3. Demolition: $0.00
Total Cost of Fire Protection (1+2+3) Work: $2,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Plumbing [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS

Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flame/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: _____ Print name here: _____

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
ALTERATIONS-INTERIOR UPDATES, WALLS TO BE FIRESTOPPED, ELECTRIC, A/C, PLUMBING

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices(i.e., smoke,heat,pulls,water/flow)		
Supervisory Devices(i.e.,tampers,low/high air)		
Signaling Devices(i.e.,horns/strobes,bells)		
Other Devices: RES. SMOKE DETECTORS	1	$23.00
TOTAL	1	$23.00
Suppression Systems		
Fire Pump __ GPM Type __		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads(Dry and Wet)		
Standpipes		
Pre-Engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other:		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X]Gas [ ]Oil [ ] Solid	1	$58.00
Fireplace Venting/Metal Chimney		
Other:		

Administrative Surcharge	
Mininimum Fee	
State Permit Surcharge Fee	$5.00
TOTAL FEE	$86.00

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

Township of Franklin

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 08/04/2015 Date Issued: 08/06/2015

Control #: 19041 Permit #: 20150421

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

Block: 2404 Lot: 1 Qualification Code:

Work Site Location: 500 SWEDESBORO RD

Owner in Fee : TOP DOG INVESTMENTS

Address : 1638 GRANT AVE.
FRANKLINVILLE NJ 08322

Email:

Telephone: ()

Contractor:

Address: Telephone:
Fax:

E-mail:

Contractor License No.: Expiration Date: Federal Emp. No.:

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $2,500.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $2,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

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

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

DESCRIPTION OF WORK:
ALTERATIONS-INTERIOR UPDATES, WALLS TO BE FIRESTOPPED, ELECTRIC, A/C, PLUMBING

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$26.00
	Urinal/Bidet	
1	Bath Tub	$13.00
2	Lavatory	$26.00
1	Shower	$13.00
	Floor Drain	
1	Sink	$13.00
1	Dishwasher	$13.00
	Drinking Fountain	
1	Washing Machine	$13.00
2	Hose Bibb	$26.00
1	Water Heater	$13.00
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$5.00
TOTAL FEE	$161.00

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

Township of Franklin

MECHANICAL INSPECTOR TECHNICAL SECTION

Date Received: 08/04/2015 Date Issued: 08/06/2015
Control #: 19041 Permit #: 20150421

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

Block: 2404 Lot: 1 Qualification Code:
Work Site Location: 500 SWEDESBORO RD
Owner in Fee: TOP DOG INVESTMENTS
Address: 1638 GRANT AVE.
FRANKLINVILLE, NJ 08322
Telephone: 0 Email:
Contractor:

Address:
Fax:
Telephone: Email:
License No.: Exp Date: Federal Emp. No.:
Home Improvement Registration No. or Exemption Reason:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3,R-4 or R-5 (circle one) Proposed: R-3,R-4 or R-5 (circle one)
Heating System work: [ ] New *or* [ ] Mod. to Existing *or* [ ]Conversion *or* [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other:
Type: [ ] Hydronic [ ] Hot Air
1. New Building: $0.00 2. Rehabilitaion: $2,500.00
3. Demolition: $0.00 Estimated Cost of Mechanical Work (1+2+3): $2,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required
[ ] Bldg. [ ] Plumbing
[ ] Elec. [ ] Elevator
[ ] Fire [ ] Mechanical
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: _____
Approved by: _____

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other _____				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

_____ _____
Signature **Print Name**

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
ALTERATIONS-INTERIOR UPDATES, WALLS TO BE FIRESTOPPED, ELECTRIC, A/C, PLUMBING

No.	FIXTURE/EQUIPMENT	Fee (Office Use Only)
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	$13.00
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	$13.00
	Oil Tank	
	LPG Tank	
	Fireplace	
1	Other 1: DUCTWORK	$13.00
1	Other 2: First Device (adjust)	$39.00

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$5.00
TOTAL FEE	$83.00

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

Township of Franklin
1571 Delsea Drive
Franklin, NJ 08322
856-6941234

CERTIFICATE
IDENTIFICATION

Date Issued: 11/17/2015
Control #: 19041
Permit #: 20150421

Block: 2404 Lot :1

Work Site Location: 500 SWEDESBORO RD
Franklin

Owner in Fee: TOP DOG INVESTMENTS

Address: 1638 GRANT AVE.
FRANKLINVILLE NJ 08322

Telephone:

Agent/Contractor:

Address:

Telephone:

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
ALTERATIONS-INTERIOR UPDATES, WALLS TO BE FIRESTOPPED, ELECTRIC, A/C, PLUMBING

Update Desc. of Wk/Use:
ALTERATIONS-REPLACING DECKING ON FRONT AND REAR PORCH., 200 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.

[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 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

RICHARD SAUNDERS Construction Official

Fees: $0.00
Paid[X]Check No.: 677
Collected by: mh

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Township of Franklin
1571 Delsea Drive
Franklin, NJ 08322
856 - 6941234

Permit Number: 20150421
Update Number: 1
Control Number: 19138
Application Date: 09/09/2015
Permit Date: 09/10/2015

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 2404 Lot: 1 Qualification Code:
Work Site Location: 500 SWEDESBORO RD Franklin

Owner In Fee: TOP DOG INVESTMENTS, LLC.
Address: 1648 GRANT AVE.
FRANKLINVILLE NJ 08322
Telephone: ()
Use Group(s): R-5

Contractor:
Address:
Telephone: ()
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
ALTERATIONS-REPLACING DECKING ON FRONT AND REAR PORCH.

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	1,000.00
Cost of Demolition:	0.00
Total Cost:	$1,000.00

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

RICHARD SAUNDERS
Construction Official

Date

Note:

PAYMENTS (Office Use Only)	
Building	$52.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$2.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$54.00**
All Fees Waived:	No

Amount to be Paid:	**$54.00**
Check Number:	79015
Check amount:	$54.00

Collected by:	MH
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$54.00
Total CC Amount:	
Grand Total:	$54.00

Township of Franklin

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 09/09/2015
Control #: 19138

Date Issued: 09/10/2015
Permit #: 20150421

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

Block: 2404 Lot: 1 Qualification Code:

Work Site Location: 500 SWEDESBORO RD

Owner Details

Name: TOP DOG INVESTMENTS, LLC.

Address: 1648 GRANT AVE.
FRANKLINVILLE NJ 08322

Telephone: ( )

E-mail:

Contractor Details

Contractor:

Address:

Telephone: Fax:

E-mail:

Federal Emp. No:

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason:

B. BUILDING CHARACTERISTICS

Use Group	Present: R-5	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.	
Max. Live Load		
Max. Occupancy Load		

If Industrialized Building
State Approved _____ HUD_____

Est. Cost of Bldg. work:

1. New Building	0.00
2. Rehabilitation	1,000.00
3. Demolition	0.00
4. Total (1+2+3)	$1,000.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
ALTERATIONS-REPLACING DECKING ON FRONT AND REAR PORCH.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ]No Plans Required		
[ ]All		
[ ]Footings/Foundations		
[ ]Structural/Framework		
[ ]Exterior		
[ ]Interior		
[ ]Other		

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Pylon Sign Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall 0.00 Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other 1:
[ ] Other 2:
[ ] Other 3:
[ ] Demolition

FEE (Office Use Only)

$30.00

Administrative Surcharge	
Minimum Fee	$52.00
State Permit Surcharge Fee	$2.00
TOTAL FEE	$54.00

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

Township of Franklin
1571 Delsea Drive
Franklin, NJ 08322
856 - 6941234

Permit Number: 20150421
Update Number: 2
Control Number: 19267
Application Date: 10/19/2015
Permit Date: 10/20/2015

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 2404 Lot: 1 Qualification Code:
Work Site Location: 500 SWEDESBORO RD Franklin

Owner In Fee: TOP DOG INVESTMENTS, LLC.
Address: 1648 GRANT AVE.
FRANKLINVILLE NJ 08322

Telephone: ()

Use Group(s): R-5

Contractor:
Address:

Telephone: ()
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
200 AMP SERVICE

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	1,000.00
Cost of Demolition:	0.00
Total Cost:	$1,000.00

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

RICHARD SAUNDERS
Construction Official

Date

Note:

PAYMENTS (Office Use Only)

Building	
Electrical	$58.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$2.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$60.00**
All Fees Waived:	No

Amount to be Paid:	**$60.00**
Check Number:	1099
Check amount:	$60.00

Collected by:	mh
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$60.00
Total CC Amount:	
Grand Total:	$60.00

Township of Franklin

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 10/19/2015
Control #: 19267

Date Issued: 10/20/2015
Permit #: 20150421 - 2

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

Block: 2404 Lot: 1 Qualification Code:

Work Site Location: 500 SWEDESBORO RD

Owner in Fee: TOP DOG INVESTMENTS, LLC.

Address: 1648GRANT AVE.
FRANKLINVILLE NJ 08322

E-mail:

Telephone: ()

Contractor:

Address:

E-mail:

Telephone:

Fax:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp Date: Federal Emp. No.:

DESCRIPTION OF WORK:
200 AMP SERVICE

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed _____

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

Building Occupied as _____ Utility Co. _____

1. New Building $0.00 2. Rehabilitation $1,000.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $1,000.00

Job Summary(Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's seal and Signature Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER	
		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 Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
1	200.00	AMP Service	$58.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		KW Photovoltaic Systems	
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$2.00
TOTAL FEE	$60.00

U.C.C.F120(rev. 11/09)

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

Township of Franklin
1571 Delsea Drive
Franklin, NJ 08322
856 - 6941234

Permit Number: 20150422
Update Number:
Control Number: 19042
Application Date: 08/05/2015
Permit Date: 08/06/2015

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 2404 Lot: 1 Qualification Code:
Work Site Location: 500 SWEDESBORO RD Franklin

Owner In Fee: TOP DOG INVESTMENTS, LLC.
Address: 1648 GRANT AVE.
FRANKLINVILLE NJ 08322

Telephone: ()

Use Group(s): R-5

Contractor:
Address:

Telephone: ()

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

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
TANK REMOVAL

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	300.00
Total Cost:	$300.00

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

PAYMENTS (Office Use Only)	
Building	$65.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$65.00**
All Fees Waived:	No

Amount to be Paid:	**$65.00**
Check Number:	677
Check amount:	$65.00

RICHARD SAUNDERS
Construction Official

Date

Collected by:	mh
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$65.00
Total CC Amount:	
Grand Total:	$65.00

Note:

Township of Franklin

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 08/05/2015
Control #: 19042

Date Issued: 08/06/2015
Permit #: 20150422

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

Block: 2404 Lot: 1 Qualification Code:

Work Site Location: 500 SWEDESBORO RD

Owner Details

Name: TOP DOG INVESTMENTS, LLC.

Address: 1648 GRANT AVE.
FRANKLINVILLE NJ 08322

Telephone: ( )

E-mail:

Contractor Details

Contractor:

Address:

Telephone: Fax:

E-mail:

Federal Emp. No:

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason:

B. BUILDING CHARACTERISTICS

Use Group	Present: R-5	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.	
Max. Live Load			
Max. Occupancy Load			

If Industrialized Building
State Approved _____ HUD_____

Est. Cost of Bldg. work:

1. New Building	0.00
2. Rehabilitation	0.00
3. Demolition	300.00
4. Total (1+2+3)	$300.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
TANK REMOVAL

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Pylon Sign Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall 0.00 Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[X] Other 1: TANK REMOVAL
[ ] Other 2:
[ ] Other 3:
[X] Demolition

FEE (Office Use Only)

[X] Other 1: TANK REMOVAL $65.00

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ]No Plans Required		
[ ]All		
[ ]Footings/Foundations		
[ ]Structural/Framework		
[ ]Exterior		
[ ]Interior		
[ ]Other		

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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				

U.C.C.F110(rev. 11/09)

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

Township of Franklin
1571 Delsea Drive
Franklin, NJ 08322
856-6941234

CERTIFICATE
IDENTIFICATION

Date Issued: 10/30/2015
Control #: 19042
Permit #: 20150422

Block: 2404 Lot :1

Work Site Location: 500 SWEDESBORO RD
Franklin

Owner in Fee: TOP DOG INVESTMENTS, LLC.

Address: 1648 GRANT AVE.
FRANKLINVILLE NJ 08322

Telephone:

Agent/Contractor:

Address:

Telephone:

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:

Social Security No.:

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

Update Desc. of Wk/Use:

[ ] **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 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

RICHARD SAUNDERS Construction Official

Fees: $0.00
Paid[X]Check No.: 677
Collected by: mh

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

FRANKLIN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville NJ 08322
856-694-1234 ext 7
Fax: 856-694-1279

DVK DEC 18

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 RYCK MI ____ Last Name SIGNOR

E-mail Address RSIGNOR@IBEW351.ORG

Mailing Address PO BOX 1118

City HAMMONTON State NJ Zip 08037

Telephone 609·704·8351 FAX ____

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

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 [signature] Date 12·03·2018

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.

PLEASE PROVIDE ALL BUILDING AND ELECTRICAL PERMITS PERTAINING TO THE PARKING LOT SOLAR CANOPY PROJECT AT THE CAROLINE REUTTER SCHOOL LOCATED AT 2150 DELSEA DR. IN FRANKLINVILLE.

SP 12/3/18

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Township of Franklin
1571 Delsea Drive
Franklin, NJ 08322
856 - 6941234

Permit Number: 20180379
Update Number:
Control Number: 22056
Application Date: 06/28/2018
Permit Date: 07/23/2018

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 4003 Lot: 4 Qualification Code:
Work Site Location: 2150 DELSEA DR Franklin

Owner In Fee: BOARD OF EDUCATION TWP OF FRANKLIN
Address: 2150 DELSEA DR
FRANKLINVILLE NJ

Telephone: ()

Use Group(s): E

Contractor: DOBTOL CONSTRUCTION
Address: 210 RIVER STREET
HACKENSACK NJ 07601

Telephone: (201) 488-3142

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

Federal Emp. No.:

is hereby granted permission to perform the following work :

[X]BUILDING [ ]PLUMBING [ ] DEMOLITION
[X]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:
SOLAR INSTALLATION - PARKING CARPORT - 249.6 KW

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	420,000.00
Cost of Demolition:	0.00
Total Cost:	$420,000.00

PAYMENTS (Office Use Only)	
Building	$7,730.00
Electrical	$2,365.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$799.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	
All Fees Waived:	Yes

Amount to be Paid:

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.

RICHARD SAUNDERS
Construction Official

Date

Note:

Township of Franklin

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 06/28/2018
Control #: 22056

Date Issued: 07/23/2018
Permit #: 20180379

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

Block: 4003 Lot: 4 Qualification Code:

Work Site Location: 2150 DELSEA DR

Owner Details

Name: BOARD OF EDUCATION TWP OF FRANKL

Address: 2150 DELSEA DR
FRANKLINVILLE NJ

Telephone: ( )

E-mail:

Contractor Details

Contractor:

Address:

Telephone: Fax:

E-mail:

Federal Emp. No:

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason:

B. BUILDING CHARACTERISTICS

Use Group	Present: E	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.
Max. Live Load		
Max. Occupancy Load		

If Industrialized Building
State Approved _____ HUD_____

Est. Cost of Bldg. work:

1. New Building	0.00
2. Rehabilitation	315,000.00
3. Demolition	0.00
4. Total (1+2+3)	$315,000.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
SOLAR INSTALLATION - PARKING CARPORT - 249.6 KW

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Pylon Sign Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall 0.00 Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other 1:
[ ] Other 2:
[ ] Other 3:
[ ] Demolition

FEE (Office Use Only)

$7,730.00

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$599.00
TOTAL FEE	$8,329.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ]No Plans Required		
[ ]All		
[ ]Footings/Foundations		
[ ]Structural/Framework		
[ ]Exterior		
[ ]Interior		
[ ]Other		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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				

U.C.C.F110(rev. 11/09)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Township of Franklin

Date Received: 06/28/2018
Control #: 22056

Date Issued: 07/23/2018
Permit #: 20180379

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

Block: 4003 Lot: 4 Qualification Code:

Work Site Location: 2150 DELSEA DR

Owner in Fee: BOARD OF EDUCATION TWP OF FRANKLIN

Address: 2150DELSEA DR
FRANKLINVILLE NJ

E-mail:

Telephone: ()

Contractor:

Address:

E-mail:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp Date:

DESCRIPTION OF WORK:
SOLAR INSTALLATION - PARKING CARPORT - 249.6 KW

Telephone:

Fax:

Federal Emp. No.:

B. ELECTRICAL CHARACTERISTICS

Use Group: Present E Proposed _____

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

Building Occupied as _____ Utility Co. _____

1. New Building $0.00 2. Rehabilitation $105,000.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $105,000.00

Job Summary(Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
Electric Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

_____ _____

Applicant's Signature/Contractor's seal and Signature Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER	
		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 Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
1	400.00	AMP Service	$129.00
1	400.00	AMP Subpanels	$129.00
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		KW Photovoltaic Systems	
770		Other 3: MODULES	$512.00
		Other 4: METER	$565.00
6		Other 5: INVERTER	$390.00
1	249.00	Other 6: ARRAY	$640.00
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$200.00
TOTAL FEE	$2,565.00

U.C.C.F120(rev. 11/09)

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

FRANKLIN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville NJ 08322
856-694-1234 ext 7
Fax: 856-694-1279

DLC 10

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 Victoria MI _____ Last Name Wise

E-mail Address vwise@active-env.com

Mailing Address 203 Pine Street

City Mt. Holly State NJ Zip 08060

Telephone (609)702-1500 FAX (609)702-0265

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 Victoria Wise Date 11/28/18

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.

Please provide records pertaining to building and demolition permits, underground storage tanks, above ground storage tanks, environmental incidents or complaints, and public health incidents for the following properties:

Block 2901, Lot 1 Wilson Avenue
Block 2403, Lot 14Q Wilson Avenue
Block 2403, Lot 14 Wilson Avenue
Block 2103, Lot 29 2989/3009 Delsea Drive
Block 2103, Lot 31 2969 Delsea Drive
Block 2103, Lot 32 2955/2959 Delsea Drive
Block 2103, Lot 33 2949 Delsea Drive
Block 2403, Lot 10 RailRoad Avenue
Block 2403, Lot 11 Wilson Avenue
Block 2403, Lot 10 Railroad Avenue
Block 2403, Lot 10Q Railroad Avenue
Block 2403, Lot 11 Wilson Avenue
Block 2403, Lot 12 Wilson Avenue
Blcok 2403, Lot 13 Wilson Avenue
Block 2403, Lot 13Q Wilson Avenue

Sec 11/29/18

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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

LIST OF APPLICATIONS

Block 2103 and Lot 29 November , 29 2018 8:24:54AM

Control No	App Date	Perno	Per dt	UpdateNo	CCO No	CCO Dt	Close Dt		Block	Lot	Qual	Description	
Owner name		Site Address		Owner Address			MunWvd	All Wvd		Use Grp			
CUFT	SQFT	Bldg Elec	Fire	Plumb Elev	Mech	BFee	EFee	FFee	Pfee	Elev Fee	Mfee	Tr Fee	CCO Fee
Cost Const	Alt Const	Cost Demol	CO Date	CA Date	Cfee	Badm	EAdm	FAdm	PADM	VAdm	MAdm	Alt Fee	CO Fee
App Type						Hfee		Gfee		TFee	Sfee	DCA Min.	Tot Fee
22	09/03/1991	19910323	09/03/1991	0			12/29/2004		2103	29			
RIGGINS, PAULINE (SS)		N. DELSEA DR								R-3			
0.00	0.00	Yes				$0.00	$10.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 108.00	$ 0.00		12/29/2004	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$9.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$19.00
1009	11/26/1990	19900547	11/26/1990	0			12/18/1990		2103	29			
WINSINGER, (ELE)										U			
0.00	0.00					$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 100.00	$ 0.00		12/18/1990	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$0.00
1180	06/20/1990	19900288	06/20/1990	0			4/23/1991		2103	29			
WINZINGER (FENCE)										U			
0.00	0.00					$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 4500.00	$ 0.00		04/23/1991	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$0.00
1241	04/20/1990	19900110	04/20/1990	0			4/23/1991		2103	29			
WINZINGER INC (SIGN)										B			
0.00	0.00					$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 2500.00	$ 0.00		04/23/1991	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$0.00
3022	11/03/1994	19940453	11/03/1994	0			9/15/1995		2103	29			
WINZINGER INC (OFFICE)										B			
3,744.00	312.00	Yes Yes	Yes	Yes		$94.00	$80.00	$30.00	$100.00	$0.00	$0.00	$6.00	$0.00
$ 23375.00	$ 0.00	$ 0.00	09/15/1995		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$30.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$340.00

Control No	App Date	Perno	Per dt	UpdateNo	CCO No	CCO Dt	Close Dt		Block	Lot	Qual	Description	
Owner name		Site Address		Owner Address			MunWvd	All Wvd		Use Grp			
CUFT	SQFT	Bldg Elec	Fire	Plumb Elev		Mech BFee	EFee	FFee	Pfee	Elev Fee	Mfee	Tr Fee	CCO Fee
Cost Const	Alt Const	Cost Demol	CO Date	CA Date		Cfee Badm	EAdm	FAdm	PADM	VAdm	MAdm	Alt Fee	CO Fee
App Type						Hfee		Gfee		TFee	Sfee	DCA Min.	Tot Fee
3063	12/01/1994	19940490	12/01/1994	0			9/15/1995		2103	29			
WINZINGER INC (SCALE)										B			
0.00	0.00	Yes				$150.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 2000.00	$ 0.00	09/15/1995			$0.00 $0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3.00	$30.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$183.00
3064	12/01/1994	19940453	12/01/1994	1			9/15/1995		2103	29			
WINZINGER INC (OFFICE)										B			
0.00	0.00	Yes				$35.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.00	$0.00
$ 10.00	$ 0.00	$ 0.00				$0.00 $0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
U						$0.00		$0.00		$0.00	$0.00	$0.00	$36.00
14556	12/14/2009	20090644	12/14/2009	0			12/23/2009		2103	29		ROOFING	
WINZINGER, ROBERT T,INC		2989/3009 DELSEA DR		1704 MARNE HWY						R-5			
0.00	0.00	Yes				$46.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 4925.00	$ 0.00		12/23/2009		$0.00 $0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$8.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$54.00
15044	08/04/2010	20100412	08/23/2010	0					2103	29		ALTERATIONS-REPAIR PORCH	
WINZINGER, ROBERT T,INC		2989/3009 DELSEA DR		1704 MARNE HWY						R-5			
0.00	0.00	Yes				$72.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 3000.00	$ 0.00				$0.00 $0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$5.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$77.00
16131	01/05/2012	20120009	01/09/2012	0			12/31/2014		2103	29		ROOFING	
WINZINGER, ROBERT T,INC		2989/3009 DELSEA DR		1704 MARNE HWY						R-5			
0.00	0.00	Yes				$46.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 5000.00	$ 0.00		12/31/2014		$0.00 $0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$9.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$55.00

LIST OF APPLICATIONS

Block 2103 and Lot 31 November , 29 2018 8:25:04AM

Control No	**App Date**	**Perno**		**Per dt**	**UpdateNo**	**CCO No**		**CCO Dt**	**Close Dt**		**Block**	**Lot**	**Qual**	**Description**	
Owner name		**Site Address**			**Owner Address**				**MunWvd**	**All Wvd**		**Use Grp**			
CUFT	**SQFT**	**Bldg**	**Elec**	**Fire**	**Plumb**	**Elev**	**Mech**	**BFee**	**EFee**	**FFee**	**Pfee**	**Elev Fee**	**Mfee**	**Tr Fee**	**CCO Fee**
Cost Const	**Alt Const**	**Cost Demol**		**CO Date**	**CA Date**		**Cfee**	**Badm**	**EAdm**	**FAdm**	**PADM**	**VAdm**	**MAdm**	**Alt Fee**	**CO Fee**
App Type								**Hfee**		**Gfee**		**TFee**	**Sfee**	**DCA Min.**	**Tot Fee**
5111	10/20/1998	19980410		10/20/1998	0				6/4/1999		2103	31		27 SQ. SHINGLES	
COCHRAN, HARRY												R-3			
0.00	0.00	Yes						$50.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 4590.00	$ 0.00			06/04/1999		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$4.00	$0.00
P								$0.00		$0.00		$0.00	$0.00	$0.00	$54.00
12923	01/17/2008	20080042		01/30/2008	0				7/16/2008		2103	31		DEMOLITION - INGROUND POOL 30 X 50 FT	
MILL RACE,INC		2969 DELSEA DR			PO BOX 537							U			
0.00	0.00	Yes						$65.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 0.00	$ 2500.00			08/04/2008		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
P								$0.00		$0.00		$0.00	$0.00	$0.00	$65.00
12967	02/05/2008	20080099		03/12/2008	0				2/24/2009		2103	31		RENOVATIONS TO KITCHEN AND BATH ADDING TWO WALLS TO	
MILL RACE,INC		2969 DELSEA DR			PO BOX 537							R-5			
0.00	0.00	Yes	Yes	Yes	Yes			$360.00	$56.00	$30.00	$100.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 19650.00	$ 0.00			02/24/2009		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$26.00	$0.00
P								$0.00		$0.00		$0.00	$0.00	$0.00	$572.00

LIST OF APPLICATIONS

Block 2103 and Lot 32 November , 29 2018 8:25:16AM

Control No	App Date	Perno	Per dt	UpdateNo	CCO No	CCO Dt	Close Dt		Block	Lot	Qual	Description	
Owner name		Site Address		Owner Address			MunWvd	All Wvd		Use Grp			
CUFT	SQFT	Bldg Elec	Fire	Plumb Elev	Mech	BFee	EFee	FFee	Pfee	Elev Fee	Mfee	Tr Fee	CCO Fee
Cost Const	Alt Const	Cost Demol	CO Date	CA Date	Cfee	Badm	EAdm	FAdm	PADM	VAdm	MAdm	Alt Fee	CO Fee
App Type						Hfee		Gfee		TFee	Sfee	DCA Min.	Tot Fee
2145	04/22/1993	19930101	04/22/1993	0			12/12/1997		2103	32			
FINNEGAN, BILL ROOF		731 DELSEA DR.								R-3			
0.00	0.00	Yes				$25.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 2000.00	$ 0.00		12/12/1997	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$26.00
4404	07/08/1997	19970216	07/08/1997	0			6/4/1999		2103	32			
FINNEGAN, WILLIAM (SID)		2959 DELSEA DR								U			
0.00	0.00	Yes				$25.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 1000.00	$ 0.00		06/04/1999	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$26.00
4539	09/19/1997	19970345	09/19/1997	0			12/12/1997		2103	32			
FINNEGEN, WILLIAM (ELE)		2959 DELSEA DR								R-3			
0.00	0.00	Yes				$0.00	$20.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 1250.00	$ 0.00		12/12/1997	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$21.00
5803	12/03/1999	19990506	12/03/1999	0			7/25/2000		2103	32		DIRECT VENT GAS HEATER	
FINNEGAN, WILLIAM		2959 DELSEA DR.								R-3			
0.00	0.00		Yes	Yes		$0.00	$0.00	$30.00	$20.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 1295.00	$ 0.00		07/25/2000	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$51.00
12936	01/23/2008	20080043	01/30/2008	0			2/8/2008		2103	32		DEMOLITION - 10 FT X 10 FT ONE STORY WOODEN SHED & REPLACE WITH	
MILL RACE,INC		2959 DELSEA DR		PO BOX 537						U			
0.00	0.00	Yes				$65.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 0.00	$ 750.00		02/08/2008	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$65.00

LIST OF APPLICATIONS

Block 2103 and Lot 33 November , 29 2018 8:25:28AM

Control No	**App Date**	**Perno**	**Per dt**	**UpdateNo**	**CCO No**	**CCO Dt**	**Close Dt**		**Block**	**Lot**	**Qual**	**Description**		
Owner name		**Site Address**		**Owner Address**			**MunWvd**	**All Wvd**		**Use Grp**				
CUFT	**SQFT**	**Bldg Elec**	**Fire**	**Plumb Elev**	**Mech**	**BFee**	**EFee**	**FFee**	**Pfee**	**Elev Fee**	**Mfee**	**Tr Fee**	**CCO Fee**	
Cost Const	**Alt Const**	**Cost Demol**	**CO Date**	**CA Date**	**Cfee**	**Badm**	**EAdm**	**FAdm**	**PADM**	**VAdm**	**MAdm**	**Alt Fee**	**CO Fee**	
App Type						**Hfee**		**Gfee**		**TFee**	**Sfee**	**DCA Min.**	**Tot Fee**	
1656	05/19/1992	19920179	05/19/1992	0			9/16/1994		2103	33				
SOSIK, ALEX	(ROOF)									R-3				
0.00	0.00	Yes				$25.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
$ 0.00	$ 800.00	$ 0.00		09/16/1994	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
P						$0.00		$0.00		$0.00	$0.00	$0.00	$25.00	

LIST OF APPLICATIONS

Block 2403 and Lot 10 November , 29 2018 8:25:52AM

Control No	**App Date**	**Perno**	**Per dt**	**UpdateNo**	**CCO No**	**CCO Dt**	**Close Dt**		**Block**	**Lot**	**Qual**	**Description**		
Owner name		**Site Address**		**Owner Address**			**MunWvd**	**All Wvd**		**Use Grp**				
CUFT	**SQFT**	**Bldg** **Elec**	**Fire**	**Plumb** **Elev**	**Mech**	**BFee**	**EFee**	**FFee**	**Pfee**	**Elev Fee**	**Mfee**	**Tr Fee**	**CCO Fee**	
Cost Const	**Alt Const**	**Cost Demol**	**CO Date**	**CA Date**	**Cfee**	**Badm**	**EAdm**	**FAdm**	**PADM**	**VAdm**	**MAdm**	**Alt Fee**	**CO Fee**	
App Type						**Hfee**		**Gfee**		**TFee**	**Sfee**	**DCA Min.**	**Tot Fee**	
19411	12/01/2015	20150703	12/01/2015	0			12/3/2015		2403	10		200 AMP SERVICE-motor-receptacles		
WINZINGER, ROBERT T,INC		2989 DELSEA DR.		1704 MARNE HWY						B				
0.00	0.00	Yes				$0.00	$116.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
$ 0.00	$ 2000.00	$ 0.00		04/01/2016	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$4.00	$0.00	
P						$0.00		$0.00		$0.00	$0.00	$0.00	$120.00	

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of Public Records*

DR 5
DR 5

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 Barbara MI ____ Last Name haynes

E-mail Address ____

Mailing Address c/o PEMCO Ltd, 820 Bear Tavern Rd

City West Trenton State NJ Zip 08628

Telephone 720 509 3249 FAX 303-284-8026

Preferred Delivery: Pick-Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☑

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 11-26-18

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.

Please e-mail my response to this OPRA request.

I need a copy of any 1. open permits and 2. open code violations that are attached to this property that could result in a fine, summons and/or prevent the sale of this property to a third party.

838 DUTCH MILL RD, NJ
Block 5602 / Lot 13

Thank you!

No open permits or violations in Construction
11/20/18
Sis

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature **Date**

FRANKLIN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville NJ 08322
856-694-1234 ext 7
Fax: 856-694-1279

DUE NOV 30

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 Kyle MI ____ Last Name Stuart

E-mail Address kyle@kylefindmyhome.com

Mailing Address 480 Swedesboro Road

City Mullica Hill State NJ Zip 08062

Telephone 856-649-5149 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 /s/Kyle I. Stuart Date 11/17/2018

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 the real estate agent for a buyer who is purchasing a short sale home at 721 Whitehall Road, Newfield (Franklin Twp) NJ 08344, Block 006501 Lot 24.We are requesting information of any permits obtained for that address in the last 15 years.

Sig 11/16/18

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

LIST OF APPLICATIONS

Block 6501 and Lot 24

November , 19 2018 12:05:50PM

Control No	App Date	Perno	Per dt	UpdateNo	CCO No	CCO Dt	Close Dt		Block	Lot	Qual	Description	
Owner name		Site Address		Owner Address			MunWvd	All Wvd		Use Grp			
CUFT	SQFT	Bldg Elec	Fire	Plumb Elev	Mech	BFee	EFee	FFee	Pfee	Elev Fee	Mfee	Tr Fee	CCO Fee
Cost Const	Alt Const	Cost Demol	CO Date	CA Date	Cfee	Badm	EAdm	FAdm	PADM	VAdm	MAdm	Alt Fee	CO Fee
App Type						Hfee		Gfee		TFee	Sfee	DCA Min.	Tot Fee
20867	03/22/2017	20170192	03/22/2017	0			3/28/2017		6501	24		WATER HEATER	
GATTI, REGINA		721 WHITEHALL RD		721 WHITEHALL RD						R-5			
0.00	0.00	Yes		Yes		$0.00	$52.00	$0.00	$52.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 100.00	$ 0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$1.00	$105.00

FRANKLIN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville NJ 08322
856-694-1234 ext 7
Fax: 856-694-1279

Due 11-9-18

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: Tony MI: _____ Last Name: Robbins

E-mail Address: taxteam@drnds.com

Mailing Address: 3240 East State St

City: Hamilton State: NJ Zip: 08619

Telephone: 949-777-5999 FAX: 330-319-8600

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

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: TonyR Date: 10/29/2018

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.

Please provide following information
1. Any open code violation
2. Any open Permit
3. Is this property scheduled for any Demolition.
4. Is there any open lien.
5. Vacant Property Registration - Yes/No

ADDRESS : 3086 MAIN RD, FRANKLINVILLE, NJ 08322 5401-14
NAME : MACDONALD JAMES
Note: Do not process the request if there is any fee or charges. Please let us know if you are not processing.
Thanks & Regards
Tony Robbins
Contact: 949-777-5999
fax : 330-319-8600
Email: taxteam@drnds.com

No record of violations or any permits 10/30/18 SJo

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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

FRANKLIN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville NJ 08322
856-694-1234 ext 7
Fax: 856-694-1279

Due 11-9-18

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 Tony MI ____ Last Name Robbins

E-mail Address taxteam@drnds.com

Mailing Address 3240 East State St

City Hamilton State NJ Zip 08619

Telephone 949-777-5999 FAX 330-319-8600

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

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 TonyR Date 10/29/2018

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.

There are no open code violations on this property.
This property is not scheduled for demolition.
This property is registered with Pro-Champ . Registration fee is paid up to date.

Address: 3086 Main Rd
Franklinville, NJ 08322
Block: 5901 / Lot: 14

William Trampe
Housing / Zoning Officer

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

FRANKLIN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville NJ 08322
856-694-1234 ext 7
Fax: 856-694-1279

Due at 3:00

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: Peter MI: _____ Last Name: Hein

E-mail Address: Rataxes@indecomm.net

Mailing Address: 1206 Energy Lane

City: ST Paul State: MN Zip: 55108

Telephone: 732-313-2734 FAX: 866-422-3403

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

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: [signature] Date: 10/12/2018

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.

Please let us know if there is any open code violations or any open or expired building permits for the below property..? If found any provide details.

405-18

Address: 4594 TUCKAHOE ROAD FRANKLINVILLE NJ 08322.

No violations 10/15/18

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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

LIST OF APPLICATIONS

Block 405 and Lot 18

October , 15 2018 7:07:57AM

Control No	App Date	Perno	Per dt	UpdateNo	CCO No	CCO Dt	Close Dt		Block	Lot	Qual	Description	
Owner name		Site Address		Owner Address			MunWvd	All Wvd		Use Grp			
CUFT	SQFT	Bldg Elec	Fire	Plumb Elev	Mech	BFee	EFee	FFee	Pfee	Elev Fee	Mfee	Tr Fee	CCO Fee
Cost Const	Alt Const	Cost Demol	CO Date	CA Date	Cfee	Badm	EAdm	FAdm	PADM	VAdm	MAdm	Alt Fee	CO Fee
App Type						Hfee		Gfee		TFee	Sfee	DCA Min.	Tot Fee
1409	01/01/1899	19870094	01/22/1991	0			1/22/1991		405	18			
0.00	0.00					$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 0.00	$ 0.00		01/22/1991	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$0.00
1488	01/01/1899	19890477	02/13/1991	0			2/13/1991		405	18			
0.00	0.00					$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 0.00	$ 0.00		02/13/1991	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$0.00
15098	08/31/2010	20100431	08/31/2010	0			9/2/2010		405	18		HVAC	
SMITH, GARY E JR		4594 TUCKAHOE RD		4594 TUCKAHOE RD						R-5			
0.00	0.00	Yes			Yes	$0.00	$25.00	$0.00	$0.00	$0.00	$53.00	$0.00	$0.00
$ 0.00	$ 10.00	$ 0.00		09/02/2010	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$1.00	$79.00
20702	01/20/2017	20170064	01/25/2017	0			2/8/2017		405	18		DEMOLITION - ,	
MCNAMARA, EDWARD J		4594 TUCKAHOE RD		4594 TUCKAHOE RD						R-5		DEMOLITION SINGLE FAMILY	
0.00	0.00	Yes				$82.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 16700.00	$ 16700.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$82.00

Gmail by Google

Sissy Hanratty <shanratty@franklintownship.com>

FW: OPRA request - Open Permits

1 message

Barb Freijomil <clerk@franklintownship.com> Tue, Nov 6, 2018 at 5:42 AM
To: Sissy Hanratty <shanratty@franklintownship.com>

Hi, See below. This is Due Nov. 16. Barb

-----Original Message-----
From: jessica martin [mailto:opra+request-2859-f43d4192@requests.opramachine.com]
Sent: Monday, November 05, 2018 1:13 PM
To: OPRA requests at Franklin Township (Gloucester) <clerk@franklintownship.com>
Subject: OPRA request - Open Permits

Dear Franklin Township (Gloucester),

This is a request for public records made under OPRA and the common law right of access. Please acknowledge receipt of this message.
Records requested:

Open permits from 1/1/08 to present for:

1384 MARSHALL MILL R FRANKLINVILLE NJ 8322 5702 38
449 CLARK COURT FRANKLINVILLE NJ 08322 5702 50.06

Yours faithfully,

jessica martin

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-2859-f43d4192@requests.opramachine.com

Is clerk@franklintownship.com the wrong address for OPRA requests to Franklin Township (Gloucester)? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=franklin_township_gloucester

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/open_permits_34

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 website.

LIST OF APPLICATIONS

Block 5702 and Lot 38

November , 13 2018 2:38:21PM

Control No	App Date	Perno	Per dt	UpdateNo	CCO No	CCO Dt	Close Dt		Block	Lot	Qual	Description	
Owner name		Site Address		Owner Address			MunWvd	All Wvd		Use Grp			
CUFT	SQFT	Bldg Elec	Fire	Plumb Elev	Mech	BFee	EFee	FFee	Pfee	Elev Fee	Mfee	Tr Fee	CCO Fee
Cost Const	Alt Const	Cost Demol	CO Date	CA Date	Cfee	Badm	EAdm	FAdm	PADM	VAdm	MAdm	Alt Fee	CO Fee
App Type						Hfee		Gfee		TFee	Sfee	DCA Min.	Tot Fee
2894	09/06/1994	19940342	09/06/1994	0			4/2/2009		5702	38		AIR CONDITION	
WILLIS, JOHN	(HVAC)	1384 MARSHALL MILL RD								R-3			
0.00	0.00	Yes	Yes			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 5650.00	$ 0.00		04/02/2009	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$1.00	$105.00
4488	08/20/1997	19970296	08/20/1997	0			1/27/2004		5702	38			
WILLIS, JOHN	(ROOF)	1384 MARSHALL MILL RD								R-3			
0.00	0.00	Yes				$30.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 2197.00	$ 0.00		01/27/2004	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$31.00
7988	12/17/2001	20010474	12/17/2001	0			12/14/2006		5702	38	NOTES	OIL BOILER	
WILLIS, JOHN		1384 MARSHALL MILL ROAD								R-3			
0.00	0.00			Yes		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 3500.00	$ 0.00		12/21/2006	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$0.00
21663	01/18/2018	20180018	01/18/2018	0			2/21/2018		5702	38		ROOF-REMOVE & REPLACE	
BROWN, KEESHA MARIE		1384 MARSHALL MILL RD		1384 MARSHALL MILL RD						R-5			
0.00	0.00	Yes				$58.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 11900.00	$ 0.00		02/22/2018	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$23.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$81.00

LIST OF APPLICATIONS

Block 5702 and Lot 50.06 November , 13 2018 2:38:39PM

Control No	App Date	Perno		Per dt	UpdateNo	CCO No		CCO Dt	Close Dt		Block	Lot	Qual	Description	
Owner name		Site Address			Owner Address				MunWvd	All Wvd		Use Grp			
CUFT	SQFT	Bldg	Elec	Fire	Plumb	Elev	Mech	BFee	EFee	FFee	Pfee	Elev Fee	Mfee	Tr Fee	CCO Fee
Cost Const	Alt Const	Cost Demol		CO Date	CA Date		Cfee	Badm	EAdm	FAdm	PADM	VAdm	MAdm	Alt Fee	CO Fee
App Type								Hfee		Gfee		TFee	Sfee	DCA Min.	Tot Fee
5211	12/18/1998	19980495		12/18/1998	0				7/12/1999		5702	50.06		RANCH W/BSMT AND 2 CAR GARAGE	
PINELANDS GROUP		449 CLARK ROAD										R-3			
43,667.00	2,097.00	Yes	Yes	Yes	Yes			$1078.00	$188.00	$86.00	$200.00	$0.00	$0.00	$70.00	$0.00
$ 60000.00	$ 0.00	$ 0.00		07/12/1999			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$30.00
P								$0.00		$0.00		$0.00	$0.00	$0.00	$1,652.00
5425	05/20/1999	19980495		05/20/1999	1				7/12/1999		5702	50.06		PROPANE TANK	
PINELANDS GROUP		449 CLARK ROAD										R-3			
0.00	0.00			Yes				$0.00	$0.00	$10.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 500.00	$ 0.00	$ 0.00					$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
U								$0.00		$0.00		$0.00	$0.00	$0.00	$10.00
11894	01/05/2007	20070061		02/01/2007	0				7/29/2009		5702	50.06		INGROUND POOL - 32 X 39 FEET WITH 5 FT FENCING WITH SELF	
MERCADO, DANIEL I & ANNE M.		449 CLARK CT			449 CLARK CT							U			
8,112.00	1,248.00	Yes	Yes					$165.00	$102.00	$0.00	$0.00	$0.00	$0.00	$21.00	$0.00
$ 21900.00	$ 0.00	$ 0.00			07/29/2009		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
P								$0.00		$0.00		$0.00	$0.00	$0.00	$288.00

FRANKLIN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville NJ 08322
856-694-1234 ext 7
Fax: 856-694-1279

Oct 3

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 Jessica MI ____ Last Name Holm

E-mail Address jholm@tectonicengineering.com

Mailing Address 830 Morris Turnpike, Suite 202

City Short Hills State NJ Zip 07076

Telephone 973-467-5850 FAX 973-379-5741

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 [signature] Date 9/24/18

Payment Information

Maximum Authorization Cost $ 10

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.

Requesting all environmental remediation, permitting and enforcement records and reports as well as correspondence and meeting minutes for the property referred to as Kiddie Kollege, located at 1600 Delsea Drive and Station Road, Franklin Township, NJ. NJDEP PI #G000015944/E94748.

Gave Kiddie Kollege Permits and all Correspondence to Barb, Twp. Clerk 9/25/18

Block 4111 Lot 1

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature ____ Date ____

OPEN PUBLIC RECORDS ACT REQUEST FORM

Due Aug 9

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 Amy MI _____ Last Name Han

E-mail Address amy.han@selltojanda.com

Mailing Address 1405 Chews Landing Rd, Suite 24

City Laurel Springs State NJ Zip 08021

Telephone 856-336-8218 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 [signature] Date 7/31/2018

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.

Please check if there is any existing

1. Open permit(s)
2. Underground oil tank

For the property located at 1005 Tuckahoe Rd, Williamstown NJ 08094

If for any reason you are unable to provide the information, please state the reason in detail. Thanks in advance.

[signature] 7/31/18

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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ _____
Custodian Signature Date

LIST OF APPLICATIONS

July , 31 2018 2:49:15PM

Block 502 and Lot 19

Control No	App Date	Perno	Per dt	UpdateNo	CCO No	CCO Dt	Close Dt		Block	Lot	Qual	Description	
Owner name		Site Address		Owner Address			MunWvd	All Wvd		Use Grp			
CUFT	SQFT	Bldg Elec	Fire	Plumb Elev		Mech BFee	EFee	FFee	Pfee	Elev Fee	Mfee	Tr Fee	CCO Fee
Cost Const	Alt Const	Cost Demol	CO Date	CA Date		Cfee Badm	EAdm	FAdm	PADM	VAdm	MAdm	Alt Fee	CO Fee
App Type						Hfee		Gfee		TFee	Sfee	DCA Min.	Tot Fee
1247	04/09/1990	19900124	04/09/1990	0			4/16/1990		502	19			
PATTERSON,	(ELE)	TUCKAHOE RD								R-3			
0.00	0.00					$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 50.00	$ 0.00				$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$0.00
12871	12/12/2007	20070729	12/12/2007	0			5/27/2008		502	19		ROOFING - REMOVE & REPLACE SHINGLES ON SINGLE FAMILY	
DESCOVE, TYRONE J		4005 TUCKAHOE RD		4005 TUCKAHOE RD						R-5			
0.00	0.00	Yes				$46.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 1200.00	$ 0.00		06/16/2008		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2.00	$0.00
P					$0.00	$0.00		$0.00		$0.00	$0.00	$0.00	$48.00
13510	09/22/2008	20080501	09/22/2008	0			2/25/2009		502	19		SIDING	
DESCOVE, TYRONE J		4005 TUCKAHOE RD		4005 TUCKAHOE RD						R-5			
0.00	0.00	Yes				$46.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 3600.00	$ 0.00		03/03/2009		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$5.00	$0.00
P					$0.00	$0.00		$0.00		$0.00	$0.00	$0.00	$51.00
20796	03/01/2017	20170143	03/06/2017	0					502	19		ALTERATIONS-REMOVE ALL DRYWALL	
LAMACCHIA, GIUSEPPE		4005 TUCKAHOE RD		4005 TUCKAHOE						R-5			
0.00	0.00	Yes				$82.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 0.00	$ 500.00				$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
P					$0.00	$0.00		$0.00		$0.00	$0.00	$0.00	$82.00
20962	05/03/2017	20170293	05/04/2017	0			6/23/2017		502	19		200 AMP SERVICE	
LAMACCHIA, GIUSEPPE		4005 TUCKAHOE RD		4005 TUCKAHOE						R-5			
0.00	0.00	Yes				$0.00	$58.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 800.00	$ 0.00		06/23/2017		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2.00	$0.00
P					$0.00	$0.00		$0.00		$0.00	$0.00	$0.00	$60.00

Block 502 and Lot 19

Control No	**App Date**	**Perno**	**Per dt**	**UpdateNo**	**CCO No**	**CCO Dt**	**Close Dt**		**Block**	**Lot**	**Qual**	**Description**	
Owner name		**Site Address**		**Owner Address**			**MunWvd**	**All Wvd**		**Use Grp**			
CUFT	**SQFT**	**Bldg** **Elec**	**Fire**	**Plumb** **Elev**		**Mech**	**BFee**	**EFee**	**FFee**	**Pfee**	**Elev Fee**	**Mfee**	**Tr Fee**	**CCO Fee**
Cost Const	**Alt Const**	**Cost Demol**	**CO Date**	**CA Date**		**Cfee**	**Badm**	**EAdm**	**FAdm**	**PADM**	**VAdm**	**MAdm**	**Alt Fee**	**CO Fee**
App Type							**Hfee**		**Gfee**		**TFee**	**Sfee**	**DCA Min.**	**Tot Fee**
20993	05/16/2017	20170345	05/25/2017	0						502	19		ELECTRIC, REWIRE FIRST FLOOR	
LAMACCHIA, GIUSEPPE		4005 TUCKAHOE RD		4005 TUCKAHOE							R-5			
0.00	0.00	Yes					$0.00	$99.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 4000.00	$ 0.00				$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$8.00	$0.00
P							$0.00		$0.00		$0.00	$0.00	$0.00	$107.00
21782	03/14/2018	20170345	03/14/2018	1						502	19		GAS CONVERSION-HEATER, DUCTWORK, NEW WATER LINES	
LAMACCHIA, GIUSEPPE		4005 TUCKAHOE RD		4005 TUCKAHOE							R-5			
0.00	0.00			Yes		Yes	$0.00	$0.00	$0.00	$195.00	$0.00	$52.00	$0.00	$0.00
$ 0.00	$ 7000.00	$ 0.00				$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$14.00	$0.00
U							$0.00		$0.00		$0.00	$0.00	$0.00	$261.00

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of Public Records*

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: Daniel MI: J Last Name: Nero

E-mail Address: DJN241@YAHOO.COM

Mailing Address: 3 EUSTON RD

City: MARLTON State: NJ Zip: 08053

Telephone: 609-319-1674 FAX:

Preferred Delivery: Pick-Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒

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: Daniel Nero Date: 7/14/18

Payment Information

Maximum Authorization Cost $ 25.00

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.

Please send me copies of the following information regarding the property at 2933 Victoria ave, Newfield nj (blocks 6402 lots 5,7 and 45).
Any open and closed issues, violations and complaints regarding the property.
Any records of requests for building permits (construction, electrical,plumbing, and the inspection results). – see attached
Any record of septic permits and the layout of the proposed septic system(s) with the inspection results. Contact BOH

7/13/18

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 #
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

Joan Cimino
joansphoto@comcast.net
9000 E Lincoln Dr Suite 130
Marlton NJ 08053
609-617-5446

☑

I HAVE NOT

Tara Maloney dotloop verified 07/20/18 03:06pm EST 9GTV-D1LX-MW6Z-PGTG

I am requesting all permits pulled open and closed for 1569 Hall Ave. Franklinville, NJ 08322
Block: 02302 Lot: 00026

Also, if there are any code violations on the property and any underground storage tank removed.
If you have any questions please call me at 609-617-5446.

Thank you
Joan Cimino

Sig 7/24/18

LIST OF APPLICATIONS

Block 2302 and Lot 26 July , 24 2018 8:02:00AM

Control No	App Date	Perno	Per dt	UpdateNo	CCO No	CCO Dt	Close Dt		Block	Lot	Qual	Description	
Owner name		Site Address		Owner Address			MunWvd	All Wvd		Use Grp			
CUFT	SQFT	Bldg Elec	Fire	Plumb Elev	Mech	BFee	EFee	FFee	Pfee	Elev Fee	Mfee	Tr Fee	CCO Fee
Cost Const	Alt Const	Cost Demol	CO Date	CA Date	Cfee	Badm	EAdm	FAdm	PADM	VAdm	MAdm	Alt Fee	CO Fee
App Type						Hfee		Gfee		TFee	Sfee	DCA Min.	Tot Fee
5112	10/20/1998	19980411	10/20/1998	0			5/10/1999		2302	26		DECK AND 24' ROUND ABOVE GROUND POOL	
LICCIARDELLO, DEMPSEY		1569 HALL AVENUE								R-3			
3,916.00	452.00	Yes Yes				$100.00	$52.00	$0.00	$0.00	$0.00	$0.00	$6.00	$0.00
$ 6700.00	$ 0.00	$ 0.00		05/10/1999	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$30.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$188.00
5271	02/16/1999	19990040	02/16/1999	0			4/5/1999		2302	26		12 X 21 SUNROOM	
DEMPSEY, ALAN		1569 HALL AVENUE								R-3			
2,016.00	252.00	Yes Yes				$50.00	$46.00	$0.00	$0.00	$0.00	$0.00	$3.00	$0.00
$ 16000.00	$ 0.00	$ 0.00		04/05/1999	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$30.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$129.00
20502	11/14/2016	20160927	12/07/2016	0			1/19/2017		2302	26		200 AMP SERVICE	
RUSHMORE LOAN MGT. SERVIC		1569 HALL AVE								R-5			
0.00	0.00	Yes				$0.00	$58.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 1200.00	$ 0.00		01/19/2017	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$60.00
21765	03/06/2018	20180107	03/06/2018	0					2302	26		100 AMP SERVICE-RE-ENERGIZE	
SC & BG PROPERTIES		1569 HALL AVE		3213 MAIN ROAD						R-5			
0.00	0.00	Yes				$0.00	$58.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 275.00	$ 0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$59.00
22011	06/13/2018	20180359	07/10/2018	0					2302	26		HEATER & AIR CONDITIONER	
SC & BG PROPERTIES		1569 HALL AVE		3213 MAIN ROAD						R-5			
0.00	0.00	Yes		Yes	Yes	$0.00	$80.00	$0.00	$105.00	$0.00	$112.00	$0.00	$0.00
$ 0.00	$ 11000.00	$ 0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$22.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$319.00

NOTICE OF IMMINENT HAZARD

Application Date:
Control Number: 0
Permit Number: 0
Date Permit Issued:
Notice Date: 5/22/2014
Violation Number: 20140011/0

Township of Franklin
1571 Delsea Drive
Franklin, NJ 08322
856-6941234

IDENTIFICATION

Work Site Location: 1569 HALL AVE **Block:** 2302 **Lot:** 26 **Quali**

Owner In Fee: WILLIAMS, KENNETH C **Agent/Contractor:**

Address: 1569 HALL AVE **Address:**

FRANKLINVILLE NJ 08322

Telephone: **Telephone:**

To: [X] **Owner:** [ ] **Other:**

[ ] **Agent/Contractor:**

Date Of Inspection: 5/21/2014 **Date Of This Notice:** 5/22/2014

ACTION

Take ***NOTICE*** that as a result of the inspections conducted by this agency on 5/21/2014 of the above property, an imminent hazard has been found to exist pursuant to N.J.S.A. 52:27D-132 and N.J.A.C. 5:23-2:32. The building or structure, or portion thereof, deemed an imminent hazard is described as follows:

GENERATOR-DANGEROUS ELECTRIC CONNECTION.

As such, you are hereby ***ORDERED*** to immediately and forthwith vacate the above structure or portion thereof.

Further, you are ***ORDERED*** to:

[ ] Immediately correct the above noticed imminent hazards so as to render the structure temporarily safe and secure.

[ ] Demolish the above structure by

CONNECT TO ELECTRIC SERVICE

Failure to immediately comply with this ***ORDER*** may result in the necessary correction being made by the Construction Official at the expense of the property owner pursuant to N.J.A.C. 5:23-2.32(b)5.

Failure to render the structure temporarily safe and secure and/or demolish the structure in accordance with this ***ORDER*** will result in this matter being forwarded to legal counsel for prosecution, and assessment of penalties up to $2,000.00 per week per violation. You must immediately declare to the Construction Official, your acceptance or rejection of the terms of this ***ORDER***.

If you wish to contest this Order, you must apply for a stay to a court of competent jurisdiction within 24 hours.

If you have any questions concerning this matter, please call: 856-6941234

By Order of: _____ Date: _____
RICHARD SAUNDERS CONSTRUCTION OFFICIAL

Sent by Certified Mail # : 70131090000178124730

NOTICE OF VIOLATION AND ORDER TO TERMINATE

Application Date:
Control Number: 0
Permit Number: 0
Date Permit Issued:
Notice Date: 8/27/2014
Violation Number: 20140019/0

Township of Franklin
1571 Delsea Drive
Franklin, NJ 08322
856-6941234

IDENTIFICATION

Work Site Location: 1569 HALL AVE
Block: 2302 **Lot:** 26 **Quali**
Owner In Fee: WILLIAMS, KENNETH C
Agent/ Contractor:
Address: 1569 HALL AVE
Address:
FRANKLINVILLE NJ 08322
Telephone:
Telephone:

To: [X] **Owner** [ ] **Agent/Contractor** [ ] **Other:**

Date Of Inspection: 8/26/2014 **Date Of Notice:** 8/27/2014 **Compliance Due Date:** 9/17/2014

ACTION

Take ***NOTICE*** that you have been found to be in violation of the State Uniform Construction Code Act and Regulation promulgated thereunder in that:
NOTICE OF IMMINENT HAZARD 5/22/14, DANGEROUS ELECTRIC-GENERATOR

In violation of N.J.A.C. 5:23-2.31(b)1iii FAILURE TO COMPLY WITH AN ORDER

You are hereby ***ORDERED*** to terminate the said violations on or before 9/17/2014.

No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

Further, take ***NOTICE*** that failure to comply with this ***ORDER*** may result in the assessment of penalties of up to

$2,000.00 per week per violation, and a certificate of occupancy will *not* be issued until such penalty has been paid.

If you wish to contest the ***ORDER***, you may request a hearing before the Construction Board of Appeals of the

County Of Gloucester

within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23A-2.1. The application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and the nature of your reliance on them. You may include a brief statement setting forth your position and the nature of relief sought by you. You may also append any documents that you consider useful.

The Fee for an Appeal is $100.00 and should be forwarded with your application to the Construction Board Of Appeals Office at :

P.o. Box 337 Woodbury NJ 08096

If you have any questions concerning this matter, please call: 856-6941234

Notice of Violation and Order to Terminate: _____ Date: _____
Steven Rickershauser Construction Official

Sent by Certified Mail # : 70131090000178124815

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of Public Records*

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: Michel MI: Last Name: Don

E-mail Address: Rataxes@indecomm.net

Mailing Address: 1260 Energy lane

City: St.Paul State: MN Zip: 55108

Telephone: 732-313-2734 FAX: 866-422-3403

Preferred Delivery: Pick-Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒

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: [signature] Date: 05/29/2018

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.

Requesting for the property has any outstanding balance on Water/Sewer/thrash on the property, if any balance please provide the payoff amount good thru 06/30/2018?

Requesting for the property has any open Code Violations, liens & permits [open/expired] on the below property?

4594 TUCKAHOE ROAD FRANKLINVILLE NJ 08322

Block: 405 Lot: 18

5/30/18

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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature **Date**

LIST OF APPLICATIONS

Block 405 and Lot 18 — May , 30 2018 8:37:51AM

Control No / Owner name / CUFT / Cost Const / App Type	App Date / SQFT / Alt Const	Perno / Site Address / Bldg Elec / Cost Demol	Per dt / Fire / CO Date	UpdateNo CCO No / Owner Address / Plumb Elev / CA Date	CCO Dt / Mech / Cfee	BFee / Badm / Hfee	Close Dt / MunWvd / EFee / EAdm	All Wvd / FFee / FAdm / Gfee	Block / Pfee / PADM	Lot / Use Grp / Elev Fee / VAdm / TFee	Qual / Mfee / MAdm / Sfee	Description / Tr Fee / Alt Fee / DCA Min.	CCO Fee / CO Fee / Tot Fee
1409	01/01/1899	19870094	01/22/1991	0			1/22/1991		405	18			
0.00	0.00					$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 0.00	$ 0.00		01/22/1991	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$0.00
1488	01/01/1899	19890477	02/13/1991	0			2/13/1991		405	18			
0.00	0.00					$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 0.00	$ 0.00		02/13/1991	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$0.00
15098	08/31/2010	20100431	08/31/2010	0			9/2/2010		405	18		HVAC	
SMITH, GARY E JR		4594 TUCKAHOE RD		4594 TUCKAHOE RD						R-5			
0.00	0.00	Yes			Yes	$0.00	$25.00	$0.00	$0.00	$0.00	$53.00	$0.00	$0.00
$ 0.00	$ 10.00	$ 0.00		09/02/2010	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$1.00	$79.00
20702	01/20/2017	20170064	01/25/2017	0			2/8/2017		405	18		DEMOLITION - , DEMOLITION SINGLE FAMILY	
MCNAMARA, EDWARD J		4594 TUCKAHOE RD		4594 TUCKAHOE RD						R-5			
0.00	0.00	Yes				$82.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 16700.00	$ 16700.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$82.00

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of Public Records*

July 6

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: Erika MI: B Last Name: Gandy

E-mail Address: Erikabgandy@gmail.com

Mailing Address: 811 Landis Ave

City: Bridgeton State: NJ Zip: 08302

Telephone: 856-455-8820 FAX: 856-455-8044

Preferred Delivery: Pick-Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒

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.

3071-4

I am looking to obtain any code violations for 509 University St. Malaga NJ

6/26/18

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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

LIST OF APPLICATIONS

Block 5071 and Lot 4 June , 26 2018 2:39:12PM

Control No	App Date	Perno	Per dt	UpdateNo	CCO No	CCO Dt	Close Dt		Block	Lot	Qual	Description	
Owner name		Site Address		Owner Address			MunWvd	All Wvd		Use Grp			
CUFT	SQFT	Bldg Elec	Fire	Plumb Elev	Mech	BFee	EFee	FFee	Pfee	Elev Fee	Mfee	Tr Fee	CCO Fee
Cost Const	Alt Const	Cost Demol	CO Date	CA Date	Cfee	Badm	EAdm	FAdm	PADM	VAdm	MAdm	Alt Fee	CO Fee
App Type						Hfee		Gfee		TFee	Sfee	DCA Min.	Tot Fee
5672	09/20/1999	19990396	09/20/1999	0			11/16/1999		5071	4		13 X 16 DECK	
GRITZ, JOSEPH		509 UNIVERSITY ST.								R-3			
880.00	160.00	Yes				$35.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 1500.00	$ 0.00		11/16/1999	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$36.00
11775	11/17/2006	20060752	11/20/2006	0			2/26/2008		5071	4		CARPORT - 16 FT X 18 FT	
VANDERGRIFT, PAUL S & KATHI		509 UNIVERSITY ST		509 UNIVERSITY ST						U			
2,880.00	34.00	Yes				$78.00	$0.00	$0.00	$0.00	$0.00	$0.00	$8.00	$0.00
$ 1000.00	$ 0.00	$ 0.00		02/26/2008	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$186.00

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of Public Records*

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: Schneidereit

E-mail Address: richs@rjsenv.com

Mailing Address: 15 Oakwood Drive

City: Medford State: NJ Zip: 08055

Telephone: 609304-3970 FAX: AND/OR

Preferred Delivery: Pick-Up ☐ US Mail ☐ On-Site Inspect ☒ Fax ☐ E-mail ☒

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 Schneidereit Date: 6/22/2018

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 WOULD LIKE TO REVIEW ANY CONSTRUCTION PERMIT FILES MAINTAINED BY THAT OFFICE OR RECEIVE A LIST OF CONSTRUCTION PERMITS ISSUED FOR THE FOLLOWING PROPERTY:

BLOCK 2302, LOT 30.01
3474 DELSEA DRIVE

THIS REQUEST IS ASSOCIATED WITH AN ENVIRONMENTAL ASSESSMENT THAT I AM PERFORMING ON THE PROPERTY.

Sig 6/22/18

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 #
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

LIST OF APPLICATIONS

Block 2302 and Lot 30.01 — June , 22 2018 11:25:49AM

Control No / Owner name / CUFT / Cost Const / App Type	App Date / SQFT / Alt Const	Perno / Site Address / Bldg / Elec / Cost Demol	Per dt / Fire / CO Date	UpdateNo CCO No / Owner Address / Plumb / Elev / CA Date	CCO Dt / Mech / Cfee	BFee / Badm / Hfee	Close Dt / MunWvd / EFee / EAdm	All Wvd / FFee / FAdm / Gfee	Block / Pfee / PADM	Lot / Use Grp / Elev Fee / VAdm / TFee	Qual / Mfee / MAdm / Sfee	Description / Tr Fee / Alt Fee / DCA Min.	CCO Fee / CO Fee / Tot Fee
18392	10/23/2014	20140557	10/23/2014	0			8/5/2015		2302	30.01	BLDG 1	NEW NON-RESIDENTIAL-FARM OFFICE	
ALL AMERICAN FARMS		3474 DELSEA DRIVE		1722 PINEY HOLLOW ROAD						U		50 X 72, 36 OCCUPANTS.	
58,800.00	3,600.00	Yes		Yes		$47.00	$0.00	$0.00	$0.00	$0.00	$0.00	$218.00	$0.00
$ 54302.00	$ 0.00	$ 0.00	08/05/2015		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$30.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$295.00
18421	11/12/2014	20140577	11/12/2014	0			6/17/2015		2302	30.01	3	FARM BUILDING 60 X 120	
ALL AMERICAN FARMS		3474 DELSEA DRIVE		1722 PINEY HOLLOW ROAD						U		BUILDING 3	
158,400.0(	7,200.00	Yes				$127.00	$0.00	$0.00	$0.00	$0.00	$0.00	$588.00	$0.00
$ 50271.00	$ 0.00	$ 0.00	06/17/2015		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$30.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$745.00
18422	11/12/2014	20140578	11/12/2014	0			4/10/2015		2302	30.01	4	FARM BUILDING 60 X 120	
ALL AMERICAN FARMS		3474 DELSEA DRIVE		1722 PINEY HOLLOW ROAD						U		BUILDING 4	
158,400.0(	7,200.00	Yes				$127.00	$0.00	$0.00	$0.00	$0.00	$0.00	$588.00	$0.00
$ 50271.00	$ 0.00	$ 0.00	04/13/2015		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$30.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$745.00
18498	12/01/2014	20140637	12/01/2014	0			6/17/2015		2302	30.01	Bldg. 2	NEW NON-RESIDENTIAL Pole barn 40 x 80	
ALL AMERICAN FARMS		3474 DELSEA DRIVE		1722 PINEY HOLLOW ROAD						U			
67,680.00	3,200.00	Yes				$54.00	$0.00	$0.00	$0.00	$0.00	$0.00	$251.00	$0.00
$ 30000.00	$ 0.00	$ 0.00	06/17/2015		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$30.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$335.00
18632	02/11/2015	20140557	03/02/2015	1			8/5/2015		2302	30.01	BLDG 1	UPDATE-SUBCODES TO COMPLETE POLE BARN	
ALL AMERICAN FARMS		3474 DELSEA DRIVE		1722 PINEY HOLLOW ROAD						U			
0.00	0.00	Yes Yes		Yes		$480.00	$152.00	$0.00	$290.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 29000.00	$ 0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$56.00	$0.00
U						$0.00		$0.00		$0.00	$0.00	$0.00	$978.00

Block 2302 and Lot 30.01

Control No	App Date	Perno	Per dt	UpdateNo	CCO No	CCO Dt	Close Dt		Block	Lot	Qual	Description	
Owner name		Site Address		Owner Address			MunWvd	All Wvd		Use Grp			
CUFT	SQFT	Bldg Elec	Fire	Plumb Elev		Mech	BFee	EFee	FFee	Pfee	Elev Fee	Mfee	Tr Fee	CCO Fee
Cost Const	Alt Const	Cost Demol	CO Date	CA Date		Cfee	Badm	EAdm	FAdm	PADM	VAdm	MAdm	Alt Fee	CO Fee
App Type							Hfee		Gfee		TFee	Sfee	DCA Min.	Tot Fee
18766	04/27/2015	20140637	04/27/2015	1				6/17/2015		2302	30.01	Bldg. 2	ELECTRIC	
ALL AMERICAN FARMS		3474 DELSEA DRIVE		1722 PINEY HOLLOW ROAD							U			
0.00	0.00	Yes					$0.00	$103.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 2500.00	$ 0.00	$ 0.00				$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
U							$0.00		$0.00		$0.00	$0.00	$0.00	$103.00
18770	04/27/2015	20140577	04/28/2015	1				6/17/2015		2302	30.01	3	ELECTRIC	
ALL AMERICAN FARMS		3474 DELSEA DRIVE		1722 PINEY HOLLOW ROAD							U			
0.00	0.00	Yes					$0.00	$176.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 5000.00	$ 0.00	$ 0.00				$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
U							$0.00		$0.00		$0.00	$0.00	$0.00	$176.00
18771	04/27/2015	20140557	04/28/2015	2				8/5/2015		2302	30.01	BLDG 1	FIRE SUBCODE	
ALL AMERICAN FARMS		3474 DELSEA DRIVE		1722 PINEY HOLLOW ROAD							U			
0.00	0.00		Yes				$0.00	$0.00	$161.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 8000.00	$ 0.00	$ 0.00				$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
U							$0.00		$0.00		$0.00	$0.00	$0.00	$161.00
20752	02/03/2017	20170088	02/06/2017	0				3/20/2017		2302	30.01		200 AMP SERVICE	
ALL AMERICAN FARMS, LLC		DELSEA DRIVE		1722 PINEY HOLLOW ROAD							B			
0.00	0.00	Yes					$0.00	$58.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 1500.00	$ 0.00		03/20/2017	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3.00	$0.00
P							$0.00		$0.00		$0.00	$0.00	$0.00	$61.00
21833	04/09/2018	20180195	04/30/2018	0						2302	30.01		ALTERATIONS-3 GRAIN SILO	
ALL AMERICAN FARMS, LLC		DELSEA DRIVE		1722 PINEY HOLLOW ROAD							U			
0.00	0.00	Yes					$300.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 10000.00	$ 0.00				$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$19.00	$0.00
P							$0.00		$0.00		$0.00	$0.00	$0.00	$319.00

Due June 28

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of Public Records*

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: Matt MI: R Last Name: Leatherwood

E-mail Address: mleatherwood@denviro.com

Mailing Address: 190 North Main Street

City: Manahawkin State: NJ Zip: 08050

Telephone: 609-488-2857 FAX:

Preferred Delivery: Pick-Up ☐ US Mail ☐ On-Site Inspect ☒ Fax ☐ E-mail ☒

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.

Subject Property: Block 1401, Lot 1, Franklin, NJ

mlo records 6/21/18

Dates of Interest: 1930 - present (as applicable)

Records Requested:
- Tax Assessor: current & older property record cards;
- Building/Construction: permits, certificates of occupancy, certificates of approval, records of underground/aboveground storage tanks (USTs/ASTs), and architectural and engineering drawings;
- Planning/Coning: site plans, surveys
- Fire (if any): records of UST/AST installations, removals, inspections, storage of hazardous substances and/or petroleum products, hazardous material (haz-mat) responses

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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ _____
Custodian Signature **Date**

Due June 28

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of Public Records*

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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: Matt MI: R Last Name: Leatherwood

E-mail Address: mleatherwood@denviro.com

Mailing Address: 190 North Main Street

City: Manahawkin State: NJ Zip: 08050

Telephone: 609-488-2857 FAX:

Preferred Delivery: Pick-Up ☐ US Mail ☐ On-Site Inspect ☒ Fax ☐ E-mail ☒

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Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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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.

Subject Property: Block 1401, Lot 1, Franklin, NJ

no records 6/21/18

Dates of Interest: 1930 - present (as applicable)

Records Requested:
- Tax Assessor: current & older property record cards;
- Building/Construction: permits, certificates of occupancy, certificates of approval, records of underground/aboveground storage tanks (USTs/ASTs), and architectural and engineering drawings;
- Planning/Coning: site plans, surveys
- Fire (if any): records of UST/AST installations, removals, inspections, storage of hazardous substances and/or petroleum products, hazardous material (haz-mat) responses

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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature **Date**

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of Public Records*

Important Notice

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Requestor Information - Please Print

First Name BRIANNA MI _____ Last Name HARRIS

E-mail Address BRIANNA.HARRIS@PEMCO-LIMITED.COM

Mailing Address c/o PEMCO Ltd, 820 Bear Tavern Rd

City West Trenton State NJ Zip 08628

Telephone (720) 509-3254 FAX 303-284-8026

Preferred Delivery: Pick-Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☑

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 Brianna Harris Digitally signed by Brianna Harris Date: 2018.05.15 11:12:11 -06'00' Date 6/15/18

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.

ADDRESS: 1421 CATAWBA AVENUE, NEWFIELD, NJ 08344
BLOCK#: 7102
LOT#:26

No recorded permits in Construction 6/18/18 JS

The information I am looking for is as follows:

1) Copies of open code violations and summons (if applicable) attached to the property.

2) If there are open invoices or past due liens pertaining to the code violations, please send copies along with the fee breakdown.

3) Send copies of code violation notices/letters attached to the open lien.

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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature **Date**

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694-1234 EXT. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freljomli, Custodian of Public Records

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: Jessica MI: Last Name: Martin

E-mail Address: jmartin@ameritrustresidential.com

Mailing Address: 513 Superior Rd

City: EHT State: NJ Zip: 08234

Telephone: 609 453 5276 FAX:

Preferred Delivery: Pick-Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒

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: 6/13/18

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.

Open construction permits, Permits on addition in back?

244 Leonard Cake Road 4401-6

6/13/18

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 #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

LIST OF APPLICATIONS

Block 4401 and Lot 6 — June , 13 2018 11:41:55AM

Control No	App Date	Perno	Per dt	UpdateNo	CCO No	CCO Dt	Close Dt		Block	Lot	Qual	Description	
Owner name		Site Address		Owner Address			MunWvd	All Wvd		Use Grp			
CUFT	SQFT	Bldg Elec	Fire	Plumb Elev	Mech	BFee	EFee	FFee	Pfee	Elev Fee	Mfee	Tr Fee	CCO Fee
Cost Const	Alt Const	Cost Demol	CO Date	CA Date	Cfee	Badm	EAdm	FAdm	PADM	VAdm	MAdm	Alt Fee	CO Fee
App Type						Hfee		Gfee		TFee	Sfee	DCA Min.	Tot Fee
21990	06/06/2018	0		0					4401	6		WATER HEATER AND HEAT PUMP	
US BANK TRUST		244 LEONARD CAKE RD		13081 WIRELESS WAY						R-5			
0.00	0.00	Yes			Yes	$0.00	$80.00	$0.00	$0.00	$0.00	$82.00	$0.00	$0.00
$ 0.00	$ 6220.00	$ 0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$12.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$174.00

Township of Franklin
1571 Delsea Drive
Franklin, NJ 08322
856-6941234

CERTIFICATE
IDENTIFICATION

Date Issued: 06/12/2018
Control #: 21792
Permit #: 20180176

Block: 7002 Lot :14.01

Work Site Location: 779 SOUTH BLUE BELL RD
Franklin

Owner in Fee: REBER, THOMAS & ANNEMARIE

Address: 779 SOUTH BLUE BELL RD
VINELAND NJ

Telephone:

Agent/Contractor: TRINITY HEATING & DBA TRINITY SOLAR

Address: 800 ROUTE 9 SOUTH
FREEHOLD NJ 07728

Telephone: 732 780-3779

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.: 22-3292324

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
SOLAR INSTALLATION-ROOF
9.44 KW

Update Desc. of Wk/Use:

[ ] **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 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

RICHARD SAUNDERS Construction Official

Fees: $0.00
Paid[X]Check No.: 68307
Collected by: MH

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Gmail by Google

Construction Office <construction@franklintownship.com>

Certificate of Approval Request

1 message

kimberly.pereira@trinitysolarsystems.com <kimberly.pereira@trinitysolarsystems.com> Mon, Jun 11, 2018 at 3:49 PM
To: construction@franklintownship.com
Cc: applications.nj@trinitysolarsystems.com

Hello,

We are requesting the Certificate of Approval for the below referenced customer that has passed their final inspections. If you could please fax or email the Certificate of Approval to us, it would be appreciated. If there is any reason preventing us from obtaining the certificate of Approval, Please let us know.

If you have any questions, we may be reached at our phone at (732) 780-3779 Ext. 9040, or fax at (848) 220-9139, or via Email Applications.NJ@trinitysolarsystems.com.

Customer Name: Reber, Anne'marie-

Address: 779 South Bluebell Road, Franklin, NJ 08360

Permit #: 20180176

Thank you,

Kimberly Pereira | Applications Specialist | Trinity Solar | | T: (732) 780-3779 Ext. 9073 | F: (848) 220-9139 | E: kimberly.pereira@trinity-solar.com

Corporate HQ: 2211 Allenwood Road | Wall, NJ 07719 | NJ Electrical: 34EB01547400| NJ HIC: 13VH01244300

For other jurisdictions, please visit: http://www.trinity-solar.com/about-us/locations-and-licenses

Trinity SOLAR

Gmail by Google

Construction Office <construction@franklintownship.com>

Certificate of Approval Request

Construction Office <construction@franklintownship.com> Tue, Jun 12, 2018 at 11:29 AM
To: kimberly.pereira@trinitysolarsystems.com

SEE ATTACHED.
[Quoted text hidden]

779 S BLUE BELL.pdf
37K

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of Public Records*

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 Sharon MI _____ Last Name Castro

E-mail Address sharon.castro@pemco-limited.com

Mailing Address c/o PEMCO Ltd, 820 Bear Tavern Rd

City West Trenton State NJ Zip 08628

Telephone 720-509-3266 FAX 303-284-8026

Preferred Delivery: Pick-Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☑

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 [signature] Date 6/11/2018

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.

Please e-mail my response to this OPRA request.

I need a copy of any 1. open permits and 2. open code violations that are attached to this property that could result in a fine, summons and/or prevent the sale of this property to a third party.

65 Elmer St, Franklinville NJ 08322
Block 3908 / Lot 23

Thank you!

[signature] 6/11/18

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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ _____
Custodian Signature Date

LIST OF APPLICATIONS

Block 3908 and Lot 23 — June , 11 2018 3:17:22PM

Control No / Owner name / CUFT / Cost Const / App Type	App Date / SQFT / Alt Const	Perno / Site Address / Bldg / Elec / Cost Demol	Per dt / Fire / CO Date	UpdateNo CCO No / Owner Address / Plumb / Elev / CA Date	CCO Dt / Mech / Cfee	BFee / Badm / Hfee	Close Dt / MunWvd / EFee / EAdm	All Wvd / FFee / FAdm / Gfee	Block / PFee / PADM	Lot / Use Grp / Elev Fee / VAdm / TFee	Qual / Mfee / MAdm / Sfee	Description / Tr Fee / Alt Fee / DCA Min.	CCO Fee / CO Fee / Tot Fee
3440	08/25/1995	19950317	08/25/1995	0			4/4/1997		3908	23			
HAUGHEY, JOSEPH (ROOF)										R-3			
0.00	0.00	Yes				$25.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 1100.00	$ 0.00		04/04/1997	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$26.00
3627	01/04/1996	19960003	01/04/1996	0			1/11/1996		3908	23			
HAUGHEY, JOSEPH (HVAC)		65 ELMER ST								R-3			
0.00	0.00		Yes	Yes		$0.00	$0.00	$30.00	$30.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 2300.00	$ 0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$62.00
5931	03/27/2000	20000087	03/27/2000	0			12/10/2009		3908	23		30 X 52 ABOVE GROUND POOL	
GADDIS, DORINE		65 ELMER ST.								U			
0.00	0.00	Yes Yes				$77.00	$46.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 3000.00	$ 0.00		12/10/2009	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$5.00	$30.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$158.00
15698	06/22/2011	20110272	06/28/2011	0			8/17/2011		3908	23		HVAC	
MOFFA, MICHAEL & CINDY MIL'		65 ELMER ST		65 ELMER ST						R-5			
0.00	0.00	Yes			Yes	$0.00	$25.00	$0.00	$0.00	$0.00	$43.00	$0.00	$0.00
$ 0.00	$ 500.00	$ 0.00		08/17/2011	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$1.00	$69.00
21192	07/26/2017	20170486	07/31/2017	0			8/10/2017		3908	23		ROOF-REMOVE & REPLACE	
FEDERAL HOME LOANS		65 ELMER ST		65 ELMER ST						R-5			
0.00	0.00	Yes				$58.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 6010.00	$ 0.00		08/10/2017	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$11.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$69.00

Control No	App Date	Perno	Per dt	UpdateNo	CCO No	CCO Dt	Close Dt		Block	Lot	Qual	Description	
Owner name		Site Address		Owner Address			MunWvd	All Wvd		Use Grp			
CUFT	SQFT	Bldg Elec	Fire	Plumb Elev	Mech	BFee	EFee	FFee	Pfee	Elev Fee	Mfee	Tr Fee	CCO Fee
Cost Const	Alt Const	Cost Demol	CO Date	CA Date	Cfee	Badm	EAdm	FAdm	PADM	VAdm	MAdm	Alt Fee	CO Fee
App Type						Hfee		Gfee		TFee	Sfee	DCA Min.	Tot Fee
21430	10/24/2017	20170702	10/26/2017	0			11/13/2017		3908	23		WATER HEATER	
FEDERAL HOME LOANS		65 ELMER ST		65 ELMER ST						R-5			
0.00	0.00			Yes		$0.00	$0.00	$0.00	$52.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 1000.00	$ 0.00		11/13/2017	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$54.00