Brian Flynn 326-216/20

From: Lisa Hill <opra+request-18206-a11c9770@requests.opramachine.com> 2020-348
Sent: Thursday, October 29, 2020 3:19 PM
To: Brian Flynn
Subject: Re: FW: OPRA Request Missing Property Address

Dear Brian Flynn,

The address is 37 Louisiana Dr in Little Egg Harbor. Looking to see if there is a substantially damage letter on file and any permits (open or closed)

Yours sincerely,

Lisa Hill

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

Ms. Hill,

The attached OPRA request is missing the property address for which you are inquiring about. Please resubmit with a property address so we may fulfill your request.

Brian Flynn
Little Egg Harbor Township

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 2/16/1999
Control #
Date Issued 2/16/1999
Permit # 99-87

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

Block 326.216 Lot 20 Qualification Code

Work Site Location: 37 LOUISIANA DR , NJ

Owner in Fee: SIINO

Address 37 LOUISIANA DR NJ

Email

Tel.

Contractor: MARK'S PLUMBING & HEATING

Address 111 LAKE WINNIPESAUKEE LITTLE EGG HARBOR NJ 08087

Email MARKSMPH123@GMAIL.COM

Tel. (609) 276-2808 Fax.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. 7074 Expiration Date: 6/19/2021

Federal Employee No.

B. PLUMBING CHARACTERISTICS

Use Group Present

Building Sewer Size ☐ Public Sewer

Water Service Size ☐ Public Water

Estimated Cost of Plumbing Work $4,700

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

Truss Sys./Bracing

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Other				

Proposed R-3

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic

☐ Private Well

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$4
TOTAL FEE	$70

U.C.C F130 (rev. 11/09)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 2-16-99
Date Issued
Control #
Permit # 99-87

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

Block 326, 216 — Lot 20
Work Site Location 37 LOUISIANA AVE. UEH. (GIBSON ISAND)
Owner in Fee SUND
Address STATE
Tele. (____) 296 0660
Contractor MARC'S PLUMB.
Address 111 EAST MULLICA RD UEH.
Tele. (____) 296 6931
Lic. No. 7076
Federal Emp. No. _____ or Social Security No. 055 66 4479

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [✓] New [ ] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 4700.00 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 2/16/99
Approved by: Qe
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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

D. TECHNICAL SITE DATA Gas Appliance's.

Description of Work

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

Flammable Liquid Storage Tanks ( ) Capacity _____ Fuel _____
Combustible Liquid Storage Tanks ( ) Capacity _____ Fuel _____
L.P.G. Storage Tanks ( ) Capacity _____ Fuel _____
L.N.G. Storage Tanks ( ) Capacity _____ Fuel _____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	✓	46.-
OTHER HOT WATER BOILER		46.-
HOT WATER HEATER.		

Paid [ ] Check # 5196
Collected by: TG

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ 92.-

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy