



Interoffice

MEMORANDUM

To: Nancy Power, Township Clerk

From: Cookie Pessagno

Re: Records Request

Date: Thursday September 29, 2022

Dear Nancy,

This letter is regarding the records request from Joanne Raczynsky for information you requested on **501 LaCascata Block 11302 Lot 102 Please note Attached please find all permits for this property, permit# 2015-2663 is still open and needs inspection to close this file out, and no Building Violation. If you have any questions, please feel free contact me at 856-374-3500**

Thank you,

Cookie Pessagno

Construction Department

Lorraine Baker

From: Joanne Raczynsky <opra+request-35544-8a338868@requests.opramachine.com>
Sent: Monday, September 26, 2022 10:56 AM
To: GT Clerk
Subject: OPRA request - Open and Closed Building/Construction Department Permits

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Gloucester Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested:

Please provide copies of all open and closed building/construction department permits for property located at 501 La Cascata.

Thank you.

Joanne Raczynsky

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-35544-8a338868@requests.opramachine.com

Is GTClerk@glotwp.com the wrong address for OPRA requests to Gloucester Township? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=gloucester_township

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_and_closed_buildingconstruc_213

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.

Gloucester Township

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

Permit No. **20010979**
Control No. **23954**
Parcel(Block/Lot). **11302/102**
Applic/Issued. **7/05/01 / 7/05/01**

Construction Permit

Work Site Location **501 Lacascata, Clementon**

Contractor....

Owner in Fee..... **Eric Palumbo**

Address.....

Address..... **501 Lacascata**

Clementon, NJ 08021

Phone.....

Phone..... **(856)783-2007**

Lic No.....

Fed Emp No.....

Permission is hereby granted to do the following work:

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

Description of Work:

Alterations- Roofing Max 2 Layers

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

Estimated Cost of Work: **\$2,500**

PAYMENTS * (Office Use Only)

Building	<u>\$52</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>2</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$52</u>

Check#/Cash.....	
Paid	<u>\$52</u>
Collected By	

Total Administrative Fee: \$0

Construction Official

Date

*Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times*



Gloucester Township

BUILDING SUBCODE

TECHNICAL SECTION



Date Received **7/05/2001**
Control # **23954**
Date Issued **7/05/2001**
Permit # **20010979**

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

Block/Lot **11302/102**

Work Site Location **501 Lacascata**

Owner in Fee: **Eric Palumbo**

Tel. **(856)783-2007**

e-mail _____

Address: **501 Lacascata**

Street

Clementon, NJ 08021

municipality

zip code

Contractor: _____

Tel. _____

Address: _____

e-mail _____

Contractor License No. _____

Exp. Date _____

Federal Emp. ID No. _____

FAX _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
[] No Plans Required	[] All			Type:	Failure	Approval	Initial
[] Footing	[] Footing			Footing			
[] Foundation	[] Foundation			Footing Bonding			
[] Frame	[] Frame			Foundation			
[] Other	[] Other			Slab			
				Frame			
				Truss Sys./Bracing			
				Barrier-Free			
				Insulation			
				Finishes-Base Layer			
				Finishes-Final			
				Energy			
				Mechanical			
				TCO			
				Final			
				Other			

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

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

B. BUILDING CHARACTERISTICS

Use Group Present **R-3** Proposed _____

Constr. Class Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ FT

Area - Largest Floor _____ Sq. Ft.

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

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work :
1. New Bldg. \$ **2,500**
2. Rehabilitation \$ **2,500**
3. Total (1+2) \$ **2,500**

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Alterations- Roofing Max 2 Layers

TYPE OF WORK

- ☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8_
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other _____
☐ Demolition

FEE (Office Use Only)

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

U.C.C. F130 (rev. 07/05)
Internet version

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

Gloucester Township

1261 Chews Landing Rd

Laurel Springs, NJ 08021

(856)374-3500 FAX (856)232-6229

Permit No. 20010979

Control No. 23954

Block/Lot 11302/102

Date 10/31/01

Certificate of Approval

IDENTIFICATION

Block/Lot 11302/102
Work Site Location 501 Lacascata
CLEMENTON, 08021
Owner in Fee/Occupant Eric Palumbo
Address 501 Lacascata
Clementon, NJ 08021
Telephone (856)783-2007
Contractor
Address
Telephone FAX
Lic. No. or Bldrs. Reg. No. None
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [] State [] Private
Use Group R-3
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Alterations- Roofing Max 2 Layers

CERTIFICATE OF OCCUPANCY

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

CERTIFICATE OF APPROVAL

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

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (years); see file

CERTIFICATE OF CONTINUED OCCUPANCY

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

CERTIFICATE OF COMPLIANCE

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

James T. Gallagher, Construction Official

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

52

Permit Fee \$

Paid [] Check No.

Collected by:

Gloucester Township

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

Permit No. **20062211**
Control No. **40574**
Parcel(Block/Lot). **11302/102**
Applic/Issued. **11/03/06 / 11/08/06**

Construction Permit

Work Site Location 501 LA CASCATA TNHS

Contractor.... TORTORICE CONTRACTOR

Owner in Fee..... CURRAN, MATHEW

Address..... 161 BLACKWOOD/BARNSBORO R
SEWELL, NJ 08080

Address..... 501 LA CASCATA TNHS

Phone..... (856)232-2222

CLEMENTON, NJ 08021

Phone..... (856)783-6933

Lic No..... 13VH00345900- 3/31/18

Fed Emp No. 222500646

Permission is hereby granted to do the following work:

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

Description of Work:

Siding

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

Estimated Cost of Work: \$522

PAYMENTS * (Office Use Only)

Building	<u>\$50</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>1</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$51</u>

Check#/Cash.....	<u>1305</u>
Paid	<u>\$51</u>
Collected By	<u>LSW</u>

Total Administrative Fee: \$0

Construction Official

Date

*Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times*



Gloucester Township

BUILDING SUBCODE

TECHNICAL SECTION



Date Received **11/03/2006**
Control # **40574**
Date Issued **11/08/2006**
Permit # **20062211**

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

Block/Lot **11302/102**

Work Site Location **501 LA CASCATA TNHS**

Owner in Fee: **CURRAN, MATHEW**

Tel. **(856)783-6933**

e-mail _____

Address: **501 LA CASCATA TNHS**

CLEMENTON, NJ 08021

Street

municipality

zip code

Contractor: **TORTORICE CONTRACTOR**

Tel. **(856)232-2222**

Address: **161 BLACKWOOD/BARNBORO R, SEWELL, NJ**

e-mail _____

Contractor License No. **13VH00345900- 3/31/18**

Exp. Date _____

Federal Emp. ID No. **222500646**

FAX **(856)232-7343**

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group	Present	R-5	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed		1. New Bldg. \$
No. of Stories				2. Rehabilitation \$
Height of Structure				3. Total (1+2) \$ 522
Area - Largest Floor				FT
New Bldg. Area/All Floors				Sq. Ft.
Volume of New Structure				Sq. Ft.
Total Land Area Disturbed				Sq. Ft.

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Siding

TYPE OF WORK

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

FEE (Office Use Only)

50

Administrative Surcharge \$ **0**
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$ **50**

U.C.C. F130 (rev. 07/05)
Internet version

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

Gloucester Township

1261 Chews Landing Rd

Laurel Springs, NJ 08021

(856)374-3500 FAX (856)232-6229

Permit No. 20062211

Control No. 40574

Block/Lot 11302/102

Date 2/12/08

Certificate of Approval

IDENTIFICATION

Block/Lot 11302/102

Work Site Location 501 LA CASCATA TNHS

Owner in Fee/Occupant CLEMENTON, 08021

Address CURRAN, MATHEW

501 LA CASCATA TNHS

CLEMENTON, NJ 08021

Telephone (856)783-6933

Contractor TORTORICE CONTRACTOR

Address 161 BLACKWOOD/BARNSBORO R

SEWELL, NJ 08080

Telephone (856)232-2222 FAX

Lic. No. or Bldrs. Reg. No. 13VH00345900- 3/31/18

Federal Emp. No. 222500646

CERTIFICATE OF OCCUPANCY

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

CERTIFICATE OF APPROVAL

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

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

Home Warranty No.

Type of Warranty Plan: [] State [] Private

Use Group R-5

Maximum Live Load

Construction Classification

Maximum Occupancy Load

Description of Work/Use:

Siding

CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

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

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

CERTIFICATE OF CONTINUED OCCUPANCY

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

CERTIFICATE OF COMPLIANCE

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

Permit Fee \$ 51

Paid [] Check No. 1305

Collected by: LSW

James T. Gallagher, Construction Official

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

Gloucester Township

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

Permit No. **20152663**
Control No. **67239**
Parcel(Block/Lot). **11302/102**
Applic/Issued. **11/25/15 / 12/02/15**

Construction Permit

Work Site Location 501 LA CASCATA TNHS, CLEMEN Contractor.... RUSSELL ELECTRIC CO
Owner in Fee..... CURRAN, MATHEW J. & CARA Address..... PO BOX 125
Address..... 3 WHITMAN DR MAGNOLIA, NJ 08049
TURNERSVILLE NJ 08012
Phone..... (856)717-4441 Phone.....
Lic No..... 4348A- 3/31/21
Fed Emp No. 1147345294

Permission is hereby granted to do the following work:

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

Description of Work:

Re-connect 100 amp service

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

Estimated Cost of Work: \$150

This permit is still open

Construction Official

Date

*Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times*

PAYMENTS * (Office Use Only)

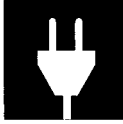
Building	<u>\$0</u>
Electrical	<u>65</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>1</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$66</u>

Check#/Cash.....	<u>1185</u>
Paid	<u>\$66</u>
Collected By	<u>RR</u>

Total Administrative Fee: \$0



Gloucester Township ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block/Lot 11302/102

Work Site Location 501 LA CASCATA TNHS

Owner in Fee: CURRAN, MATHEW J. & CARA
Tel. (956)717-4441 e-mail _____
Address: 3 WHITMAN DR TURNERSVILLE NJ 08012
Contractor: RUSSELL ELECTRIC CO
Address: PO BOX 125, MAGNOLIA, NJ 08049
Contractor License No. 4348A- 3/31/21 Exp. Date _____
Federal Emp. ID No. 1147345294 FAX. _____
B. ELECTRICAL CHARACTERISTICS
Use Group Present _____ Proposed R-5
☐ Pole/pad # _____ ☐ Temporary Service ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 150 Descript: Re-connect 100 amp service

JOB SUMMARY (Office Use Only)

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

U.C.G. F100 (rev. 07/05) Applicant: When submitting this form to your Local construction code Enforcement Office please provide one original plus three photocopies

C. CERTIFICATION IN UEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Contractor ☐ Cert Landscape Contr ☐ Exempt Applic

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS
Lighting Fixtures
Receptacles
Switches
Detectors
Light Pole
Motors—Fract. H
Emergency & Exit Lights
Communications Paints
Alarm Devices/F.A.C. Panel

TOTAL NUMBERS
Pool Permit/with UW Lights
Storable Pool/Spa/Hot Tub
KW Elec. Range/Receptacle
KW Oven/Surface Unit
KW Elec. Water Heater
KW Elec. Dryer/Receptacle
KW Dishwasher
HP Garbage Disposal
KW Central AC Unit
HP/KW Space Heater/Air Handler
KW Baseboard Heat
HP Motors 11+ HP
KW Transformer/Generator
AMP Service
AMP Subpanels
AMP Motor Control Center
KW Elec. Sign/Outline Light

Re-connect 100

FEE (Office Use Only)

Administrative Surcharge \$ 0
Minimum Fee \$ 65
State Permit Surcharge Fee \$
TOTAL FEE \$ 65

History for Permit

501 LA CASCATA TNHS
CLEMENTON
Re-connect 100 amp service

20152663
Unit

Block/Lot 11302/102
Owner CURRAN, MATHEW J. & CARA
3 WHITMAN DR
TURNERSVILLE NJ 08012
Application 11/25/15 Permit 12/02/15

Inspections and Reviews

----- Dates -----

<u>Done</u>	<u>Sched</u>	<u>Permit No.</u>	<u>Type</u>	<u>Subcode</u>	<u>P/F</u>	<u>By</u>	<u>Comment</u>
12/04/15	12/04/15	20152663	FIN	ELEC	F	JC	Final - reconnect

Gloucester Township

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

9/29/22

Gloucester Township

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

Permit No. **20171006**
Control No. **72985**
Parcel(Block/Lot). **11302/102**
Applic/Issued. **5/01/17 / 5/02/17**

Construction Permit

Work Site Location 501 LA CASCATA TNHS, CLEMEN Contractor... GEORGE CASSIDY ELECTRIC
Owner in Fee..... AHMED TARIQ & MORSHED MOHAMMED Address..... 2963 MT. EPHRIM AVE
Address..... 501 LA CASCATA CAMDEN, NJ 08104
CLEMENTON NJ 08021
Phone..... (609)352-6971
Lic No..... 11322 - 3/31/24
Fed Emp No. 136423506

Permission is hereby granted to do the following work:

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

Description of Work:

(1) 100 AMP Service

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

Estimated Cost of Work: \$500

PAYMENTS * (Office Use Only)

Building	<u>\$0</u>
Electrical	<u>65</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>1</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$66</u>

Check#/Cash.....	<u>Cash</u>
Paid	<u>\$66</u>
Collected By	<u>PH</u>

Total Administrative Fee: \$0

Construction Official _____ Date _____

*Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times*



Gloucester Township ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block/Lot 11302/102

Work Site Location 501 LA CASCATA TNHS

Owner in Fee: AHMED TARIQ & MORSHED MOHAMMED

Tel. e-mail

Address: 501 LA CASCATA CLEMENTON NJ 08021
Street Municipality Zip code

Contractor: GEORGE CASSIDY ELECTRIC Tel. (609)352-6971

Address: 2963 MT. EPHRAIM AVE. CAMDEN, NJ 08104 e-mail

Contractor License No. 11322- / / Exp. Date

Federal Emp. ID No. 136423506 FAX.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5
☐ Pole/pad # ☐ Temporary Service ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 500 Descript: (1) 100 AMP Service

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

C. CERTIFICATION IN UEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Contractor ☐ Cert Landscape Contr

☐ Exempt Applic

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures
Receptacles
Switches
Detectors
Light Pole
Motors—Fract. H
Emergency & Exit Lights
Communications Paints
Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights
Storable Pool/Spa/Hot Tub
KW Elec. Range/Receptacle
KW Oven/Surface Unit
KW Elec. Water Heater
KW Elec. Dryer/Receptacle
KW Dishwasher
HP Garbage Disposal
KW Central AC Unit
HP/KW Space Heater/Air Handler
KW Baseboard Heat
HP Motors 11+ HP
KW Transformer/Generator
AMP Service
AMP Subpanels
AMP Motor Control Center
KW Elec. Sign/Outline Light

Panel only

1 100

15

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

0

65

65

65

Gloucester Township

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

Permit No. **20171006**
Control No. **72985**
Block/Lot **11302/102**
Date **9/28/17**

Certificate of Approval

IDENTIFICATION

Block/Lot **11302/102**
Work Site Location **501 LA CASCATA TNHS
CLEMENTON, 08021**
Owner in Fee/Occupant **AHMED TARIQ & MORSHED MOHAMMED**
Address **501 LA CASCATA
CLEMENTON NJ 08021**
Telephone **GEORGE CASSIDY ELECTRIC**
Contractor **2963 MT. EPHRAIM AVE**
Address **CAMDEN, NJ 08104**
Telephone **(609)352-6971** FAX **11322- / /**
Lic. No. or Bldrs. Reg. No. **136423506**
Federal Emp. No.

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
R-5
Use Group _____
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use:
(1) 100 AMP Service

CERTIFICATE OF OCCUPANCY

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

CERTIFICATE OF APPROVAL

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

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (_____ years); see file

CERTIFICATE OF CONTINUED OCCUPANCY

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

CERTIFICATE OF COMPLIANCE

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

James T. Gallagher, Construction Official

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

Permit Fee \$ **66**
Paid [] Check No. **Cash**
Collected by: **PH**

Gloucester Township

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

Permit No. **20182213**
Control No. **78929**
Parcel(Block/Lot). **11302/102**
Applic/Issued. **11/01/18 / 11/05/18**

Construction Permit

Work Site Location **501 LA CASCATA TNHS, CLEMEN** Contractor... **GIBSON ELECT & GENERAL CONTR'S IN**
Owner in Fee..... **AHMED TARIQ & MORSHED MOHAMMED** Address..... **1016 JARVIS ROAD**
Address..... **83 LONGWOOD DRIVE** **SICKLERVILLE, NJ 08081**
SICKLERVILLE, NJ 08081
Phone **(856)346-3388**
Lic No..... **13VH02797800 - 3/31/22**
Fed Emp No. **204033847**

Permission is hereby granted to do the following work:

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

Description of Work:
(1) 150 AMP Service

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

Estimated Cost of Work: **\$500**

PAYMENTS * (Office Use Only)

Building	<u>\$0</u>
Electrical	<u>65</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>1</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$66</u>

Check#/Cash.....	<u>11324</u>
Paid	<u>\$66</u>
Collected By	<u>CP</u>

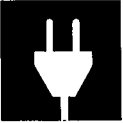
Total Administrative Fee: \$0

Construction Official _____ Date _____

*Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times*



Gloucester Township ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block/Lot 11302/102

Work Site Location 501 LA CASCATA TNHS

Owner in Fee: AHMED TARIQ & MORSHED MOHAMMED
Tel. _____ e-mail _____

Address: 83 LONGWOOD DRIVE SICKLERVILLE, NJ 08081
Street Municipality Zip code

Contractor: GIBSON ELECT & GENERAL CONTR'S INC Tel. (856)346-3388

Address: 1016 JARVIS ROAD, SICKLERVILLE, NJ 08081 e-mail gibsonelectric@comcast.net

Contractor License No. _____ Exp. Date _____

Federal Emp. ID No. 204033847 FAX. (856)346-3308

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed R-5
☐ Pole/pad # _____ ☐ Temporary Service ☐ Other _____

Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 500 Descript: (1) 150 AMP Service

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	Dates (Month/Day)
☐ No Plans Required			Failure Approval Initial
Joint Plan Review Required:			
☐ Building ☐ Plumbing			
☐ Fire ☐ Elevator			
☐ Elec. Plans Approved			
Date: _____			
Approved by: _____			
SUBCODE APPROVAL			
☐ CO ☐ CCO ☐ CA			
Date: _____			
Approved by: _____			
Date of Grounding and Bonding Certification			

U.C.C. F120 (rev. 07/05) Applicant: When submitting this form to your local construction code Enforcement Office please provide one original plus three photocopies

Date Received 11/01/2018
Control # 78929
Date Issued 11/05/2018
Permit # 20182213

C. CERTIFICATION IN UEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Contractor ☐ Cert Landscape Contr ☐ Exempt Applic

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

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Receptacles	_____
Switches	_____
Detectors	_____
Light Pole	_____
Motors—Fract. H	_____
Emergency & Exit Lights	_____
Communications Paints	_____
Alarm Devices/F.A.C. Panel	_____

TOTAL NUMBERS

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KW Oven/Surface Unit	_____
KW Elec. Water Heater	_____
KW Elec. Dryer/Receptacle	_____
KW Dishwasher	_____
HP Garbage Disposal	_____
KW Central AC Unit	_____
HP/KW Space Heater/Air Handler	_____
KW Baseboard Heat	_____
HP Motors 11+ HP	_____
KW Transformer/Generator	_____
AMP Service	1 150
AMP Subpanels	_____
AMP Motor Control Center	_____
KW Elec. Sign/Outline Light	_____

FEE (Office Use Only)

Administrative Surcharge \$	0
Minimum Fee \$	65
State Permit Surcharge Fee \$	65
TOTAL FEE \$	_____

Gloucester Township

1261 Chews Landing Rd

Laurel Springs, NJ 08021

(856)374-3500 FAX (856)232-6229

Permit No. 201822213

Control No. 78929

Block/Lot 11302/102

Date 11/20/18

Certificate of Approval

IDENTIFICATION

Block/Lot

11302/102

Work Site Location

501 LA CASCATA TNHS

CLEMENTON, 08021

Owner in Fee/Occupant

AHMED TARIQ & MORSHED MOHAMMED

Address

83 LONGWOOD DRIVE

SICKLERVILLE, NJ 08081

Telephone

GIBSON ELECT & GENERAL CONTR'S INC

Contractor

1016 JARVIS ROAD

Address

SICKLERVILLE, NJ 08081

Telephone

(856)346-3388

FAX

Lic. No. or Bldrs. Reg. No.

13VH02797800- 3/31/22

Federal Emp. No.

204033847

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Type of Warranty Plan: [] State [] Private

R-5

Use Group

Maximum Live Load

Construction Classification

Maximum Occupancy Load

Description of Work/Use:

(1) 150 AMP Service

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James T. Gallagher, Construction Official

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

Permit Fee \$

66

Paid [] Check No.

11324

Collected by:

CP