Constance Garton

From: jessica martin <opra+request-7355-29fdb49a@requests.opramachine.com>
Sent: Thursday, September 19, 2019 2:40 PM
To: Mimi's Forward
Subject: OPRA request - 62 Lawrence Corner Road

Dear Pittsgrove 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:

- All construction permits - please specify if any are open
- Any information regarding the presence of an underground oil tank, if applicable, including permits, remediation reports, environmental reports
- Survey showing underground oil tank location (if applicable)
- Information regarding the presence of a septic system (permits, drawings, survey, etc)
- Property Record Card

Yours faithfully,

jessica martin

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-7355-29fdb49a@requests.opramachine.com

Is mmarlor@pittsgrovetownship.com the wrong address for OPRA requests to Pittsgrove Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=pittsgrove_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/62_lawrence_corner_road

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.

RESPONSE – OPEN PUBLIC RECORDS ACT REQUEST
Tuesday, October 1, 2019
Jessica Martin

Records responsive to your request are provided as follows:

Construction – Permit No. 17-59 is still open

- Construction Permit Application No. 17-59
- UCC New Jersey Construction Permit #17-59 – Fire Protection
- Fire Protection Subcode Technical Section #17-59
- UCC New Jersey Chimney Verification for Replacement of Fuel-Fired Equipment

Tax Assessor

- Property Record Card

BLOCK 1001 LOT 26 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 12-59

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 62 Laurence Corner Rd Pittsgrove
2. Name of Owner in Fee: Ray Mayhew
   Tel. 609-319-4491 e-mail _____
   Address _____ (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Moore's Countryside Tel. 358-6137
   Address 337 Greenville Rd Hearing e-mail moores1@aol.com
   Pittsgrove NJ 08318
   License No. OR, If new home, Builder Reg. No. 13VH01290800 Exp. Date 3/31/16
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 22-3574412 FAX: 358-0478
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Tim
   Tel. _____ FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area -- Largest Floor ____ sq. ft.	
4. New Building Area ____ sq. ft.	
5. Volume of New Structure ____ cu. ft.	
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed ____ sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ____ ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

- [X] Minor Work
- [ ] New Building
- [ ] Addition
- [ ] Demolition
- [ ] Repair
- [ ] Alteration
- [ ] Renovation
- [ ] Reconstruction
- [ ] Asbestos Abat. -Subch. 8
- [ ] Lead Hazard Abatement
- [ ] Radon Remediation
- [ ] Annual Permit

IIb. SUBCODES

(Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
[ ] Building									
[ ] Electrical									
[ ] Plumbing									
[X] Fire Protection					2/22/16 PA				
[ ] Elevator									
TOTAL COST	$0								

VII. DESCRIPTION OF BUILDING USE

SFD

A. RESIDENTIAL *(primary use)*
1. State Specific Use: R5
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ 1
   Lost, Sale ____ ____
   Lost, Rental ____ 1

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. [ ] Partial Releases
2. [ ] Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. [ ] Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. [ ] High Pressure Boilers
3. [ ] Pressure Vessels
4. [ ] Refrigeration Systems
5. [ ] Cross-Connections/Backflow Preventers
6. [ ] Hazardous Uses/Places of Assembly
7. [ ] Sprinklers/Standpipes
8. [ ] Smoke Control Systems in Open Wells
9. [ ] Underground Storage Tanks
10. [ ] Swimming Pools, Spas and Hot Tubs
11. [ ] LPGas Tanks
12. [ ] Fire Alarm

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor.

Agent Name Moore's Countryside Heating

Address 337 Greenville Rd

Pittsgrove NJ 08318

Telephone 856-358-6137

Signature [signature]

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

TOWNSHIP OF PITTSGROVE
989 CENTERTON ROAD
PITTSGROVE, NJ 08318

Date Issued 02/27/17
Control #
Permit # 17-59

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 1001 Lot 26 Qual

Work Site Location 62 LAWRENCE CORNER
PITTSGROVE, NJ
Owner in Fee MAYHEW, ROY
Address 62 LAWRENCE CORNER
PITTSGROVE, NJ 08318-
Telephone (609)319-4491

Contractor MOORES COUNTRYSIDE HEATING
Address 337 GREENVILLE ROAD
PITTSGROVE, NJ 08318-
Telephone (856)358-6137
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3574412

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
OIL FURNACE

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

Estimated Cost of Work $ 3,500

Construction Official

02/27/17
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	90
Elevator Devices	0
Other	
DCA State Permit Fee	7
Cert. of Occupancy	0
Other	
Total	97
Check No.	10489
Cash	
Collected By	DM

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 17-59

Date Issued
Permit #

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

Block 1001 Lot 26 Qualification Code

Work Site Location 62 Laurence Corner Rd Pittsgrove

Owner in Fee: Roy Mayhew

Tel. 609 319-4491 e-mail

Address

Contractor: Moore's Countryside Heating Inc. (street / municipality) Tel. (856) 358-6137

Address 337 Greenville rd e-mail mooresj@aol.com

Pittsgrove NJ 08318

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13vh01890800

Federal Emp. ID No. 22-357441 FAX: (856) 358-0478

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R5/3FD Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [X] Replacement

Fuel Type: [ ] Gas [X] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work: $ 3,500.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved SPECS
Date: 2/20/17 Approved by: CA
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2/22/17
Approved by: CA

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/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.

Applicant/Contractor sign here: J V M

Print name here: James V Moore

D. TECHNICAL SITE DATA [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: 85,000 BTU Ducane oil
Water Supply Source furnace
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., horn/strobes, bells)		
Other Devices		
TOTAL	0	
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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [X] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

U.C.C. F140 (rev. 02/11) Internet version

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

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS _____

Owner in Fee _____

Verifying Individual Jim Moore Company Moore's Countryside Heating Inc.

Address 337 Greenville Rd Pittsgrove NJ 08318

Street City State Zip Code

Tel: (856) 358-6137 Fax: (856) 358-0408

Check the Appropriate Box(es):

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [ ] Gas Appliance Replacement
- [X] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney: Size _____

- [ ] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Chimney-Interior
- [X] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	furnace	(Oil) / Gas / Other: _____	85,000
Appliance 2:	_____	Oil / Gas / Other: _____	_____
Appliance 3:	_____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____ Signature _____ Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

J. V. Signature 2/7/17 Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____ Signature (2-14-17) Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____ Signature _____ Date

FILE COPY

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

Block:	1001	Land Desc:	1.85AC	Owners Name:	US BNK TRST NA,TRST%RESICAP ST 1500	Land:	44,300	Exemption		Net Taxable Value	Deductions		
Lot:	26	Bldg Desc:	1S-AL-R	Street Address:	3630 PEACHTREE RD NE	Bank:	01175	Impr:	126,300	Code:			Cd No-Ow
Qual:		Addl Lots:		City & State:	ATLANTA GA	Zip:	30326	Total:	170,600	Value:	0	170,600	
Card:	M (#1 of 1)	Acreage:	1.850 Class: 2	Property Loc:	62 LAWRENCE CORNER RD	Zone:				Map:	10	PITTSGROVE	

SALES HISTORY

Grantor	Date	Book/Page	Price	Nu#
MILLER,CHARLES M,SHERIFF CNTY	02/08/19	4516 /1717	100	12
MAYHEW, ROY H + SARAH ELIZABET	08/23/11	3358 /482	1	4

ASSESSMENT HISTORY

Year	Land	Impr	Total
2018	44300	126300	170600
2019	44300	126300	170600

BUILDING PERMITS/REMARKS

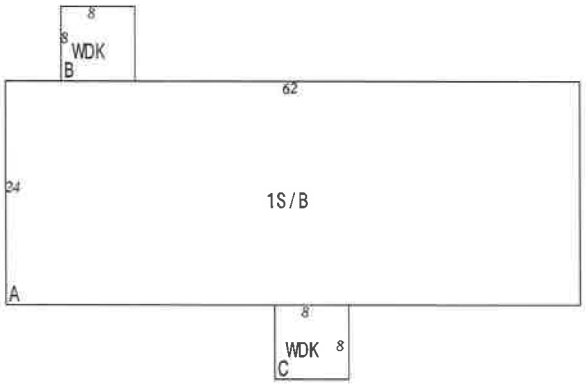
Date	Work Description	Amount	Compl.

LAND CALCULATIONS

Frt	Rr	SB	T	FF	Avgd	Tabl	EqF	Rate	Site	Cond	Value

Units	Rate	Site	Cond			Value
1.850 AC	4500	36000	100	100	100	44325

Net Adj: 100.00 SF: 80,586 Auto: Y Land Value: 44,325



A:1S/B u0 r0;u24 r62 1488
B:WDK u24 r6;u8 r8 64
C:WDK u0 r29;r8 d8 64
D: 0
E: 0
F: 0
G: 0
H: 0
I:
J:
K:
L:
M:
N:
O:
P:

Scale: 20

SITE INFORMATION

Road: PAVED	Utilities:
Curbs: NO	Sewer: NO
Sidewalk: NO	Water: NO
Measured: CB	Gas: NO
Info:	Topo: LEVEL
Inspected: 1 05282003	Neigh: 102
	VCS: 102

BUILDING INFORMATION

Type and Use:	Class/Quality: 16
Story Height: ONE STORY	Condition: AVERAGE
Style: RANCH	Year Built/EffA: 1991 / 12 (Y)
Exterior Finish: FRAME VINYL SIDING	Info By:
Roof Type: GABLE	Livable Area: 1488 SF
Roof Material: ASPH SHINGLE	Interior Cond:
Foundation: CONCRETE BLOCK	Interior Wall: SHEETROCK
Baths: M:	A: O:
Kitchens: M:	A: O:

ROOM COUNT

	B	1	2	3/A	Tot
Living Rm		1			1
Dining Rm		1			1
Kitchen		1			1
Dinette					
5 Fixt Bath					
4 Fixt Bath					
3 Fixt Bath		2			2
2 Fixt Bath					
Bed Room		4			4
Fam Room					
Den/Other					
Old B: 17					7
Old L: 16					09/19/19

RESIDENTIAL COST APPROACH

Basement
BASEMENT 1488 x 9.630 + 2016 x1.00 x1.00= 16345

Main Bldg
FIRST STORY 1488 x 49.040 +22624 x1.00 x1.00= 95596

Heat/AC
FORCED HOT AIR 1488 x 2.460 + 864 x1.00 x1.00= 4524
AC ADDED TO HOT 1488 x 0.950 + 2064 x1.00 x1.00= 3478

Plumbing
3 FIXTURE BATH 2- 2 x2595.000 + 0 x1.00 x1.00= 0
2 FIXTURE BATH 0- 1 x1895.000 + 0 x1.00 x1.00= -1895

Fireplace
WOOD STOVE 1 x 880.000 + 0 x1.00 x1.00= 880

Attic

Deck/Patio/Garage/Misc
DECK 128 x 5.310 + 182 x1.00 x1.00= 862

Base Cost:	119790	CCF: 102 CLA: 100		Cost New:	122186
Phys Depr:	6.00 (Y)	Func Depr:		Net Depr:	103.40
Loc Depr:		Mkt+:10 Mkt-:		Bldg Value:	126340

Detached Items:

Land: 44,300 Impr: 126,300 Total: 170,600