

**Lorraine Baker**

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**From:** Krystal Brackett <opra+request-50214-4bf444c2@requests.opramachine.com>  
**Sent:** Monday, August 14, 2023 4:36 PM  
**To:** GT Clerk  
**Subject:** OPRA request - Open/closed permits, liens, special assessments for 1024 Jarvis Rd

**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:

Property Address: 1024 Jarvis Rd

Block: 17502

Lot: 13

Please provide a list of municipal liens, special assessments, open permits (construction, mechanical, electric, plumbing, alteration, etc.), code violations or pertinent information that would require a pay off for the above referenced property.

Yours faithfully,

Krystal Brackett

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Please deliver records electronically via email to the below UNIQUE address for all replies to this request:  
opra+request-50214-4bf444c2@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](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/openclosed\\_permits\\_liens\\_special\\_9](https://opramachine.com/request/openclosed_permits_liens_special_9)

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.



# Interoffice

## MEMORANDUM

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**To:** Nancy Power, Township Clerk

**From:** James Grandrimo

**Re:** OPRA – Krystal Brackett Block: 17502 Lot: 13

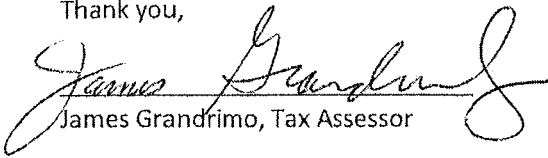
**Date:** Thursday, August 17, 2023

Dear Nancy,

Response memorandum:

Please be advised that there are no special assessments on the above property.

Thank you,

  
James Grandrimo, Tax Assessor



ORLANDO MERCADO  
Council President

TRACEY L. TROTTO  
Council Vice President

Council Members  
DAN HUTCHISON  
MICHAEL D. MIGNONE  
FRANKLIN T. SCHMIDT  
ANDREA L. STUBBS  
MICHELLE L. WINTERS

## GLOUCESTER TOWNSHIP

JOIN THE EXCITEMENT

DAVID R. MAYER  
Mayor

THOMAS C. CARDIS  
Business Administrator

DAVID F. CARLAMERE, ESQ.  
Solicitor

ROSEMARY DIJOSIE  
Township Clerk

To Whom It May Concern:

Our records indicate that the below referenced property is current with taxes and there are no outstanding liens.

Name: Ryan Sutton

Address: 1024 Jarvis Rd Sicklerville, NJ 08081

Block: 17502 Lot: 13

If you have any questions, please feel free to contact the tax office at 856-228-4000.

Maryann Busa  
Asst. Gloucester Township Tax Collector



Printed on recycled paper

# Tax Account Maintenance

Block: 17502

Lot: 13

Notes Exist

Qualifier:

Owner: SLITTON RYAN

Prop Loc: 1024 JARVIS ROAD

Account Id: 00018154

Tax Bill

PTIR Form

Restricted Edit

| General | Assessed Value | Additional | Billing | Deductions        | Balance  | All Charges   | Add/Omit | Notes |
|---------|----------------|------------|---------|-------------------|----------|---------------|----------|-------|
| Year    | Qtr            | Type       | Billed  | Principal Balance | Interest | Total Balance |          |       |
| Total   |                |            | .00     | .00               | .00      | .00           |          |       |

Other Delinquent Balances:

.00 Interest Date: 08/16/23

Interest Date

Interest Detail

Other APR2 Threshold Amt:

.00 Per Diem:

.0000

Last Payment Date:

04/01/2010

TOTAL TAX BALANCE DUE

Principal:

.00

Penalty:

.00

Misc. Charges:

.00

Interest:

.00

Total:

.00

\* Indicates Adjusted Billing in a Tax Quarter.

**Lorraine Baker**

Code Enforcement

**From:** Krystal Brackett <opra+request-50214-4bf444c2@requests.opramachine.com>  
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Krystal Brackett

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View this OPRA request & responses online:

[https://opramachine.com/request/open/closed\\_permits\\_liens\\_special\\_9](https://opramachine.com/request/open/closed_permits_liens_special_9)

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.

June 9, 2015

Mary and William Oliveri  
1024 Jarvis Road  
Sicklerville NJ 08081

Subject: Pets  
Block/Lot: 17502/13  
RE: 1024 JARVIS ROAD

Dear Resident:

Please be advised that you are in violation of the Code of the Township of Gloucester known as **Chapter 47 "Pets"**: If you own a dog and or a cat you must apply for a 2015 Dog/Cat License through the Township Clerks Office. You are also required to pickup any dog/cat feces left by your animal and you may not allow your dog/cat to run at large or constantly bark. You are only permitted to have **four** licensed animals living in once residence at a time. Also the feeding of stray animals is prohibited. You are required to provide the Code Enforcement Unit with proof of your dog/cat being licensed. You are Required to: ***Obtain 2015 pet license, remove all pet waste also, pets are required to be leashed at all times.***

Failure to comply will result in a Summons being issued, a mandatory court appearance and up to \$500 in fines per day; please note that in the event a Summons is issued, and you fail to appear in Court on the date scheduled, a Bench Warrant will be issued for your arrest. You have 7 DAYS in order to comply with the above violation; **re-inspection will be made on or about June 23, 2015.**

Should you have any questions concerning the above matter, I may be reached at [CODEENFORCEMENT@GTPOLICE.COM](mailto:CODEENFORCEMENT@GTPOLICE.COM) or (856) 374-3513 Monday through Thursday, 8:00 a.m. to 5:45 p.m. Also, please note that you may or may not have already received a door hanger placed at your residence; this letter is to inform you of the re-inspection date.

***\*ATTENTION: Please be advised that both the landowner and the resident of the property have been notified of the violations and have been sent a copy of this letter.***

Thank you for your cooperation,

*Joseph Hoguet*

Joseph Hoguet  
Inspector

June 9, 2015

Mary and William Oliveri  
1024 Jarvis Road  
Sicklerville NJ 08081

Subject: Pets  
Block/Lot: 17502/13  
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**\*ATTENTION: Please be advised that both the landowner and the resident of the property have been notified of the violations and have been sent a copy of this letter.**

Thank you for your cooperation,

*Joseph Hoguet*

Joseph Hoguet  
Inspector

June 30, 2015

Mary and William Oliveri  
1024 Jarvis Road  
Sicklerville NJ 08081

Subject: Pets  
Block/Lot: 17502/13  
RE: 1024 JARVIS ROAD

Dear Resident:

Please be advised that you are in violation of the Code of the Township of Gloucester known as **Chapter 47 "Pets"**: If you own a dog and or a cat you must apply for a 2015 Dog/Cat License through the Township Clerks Office. You are also required to pickup any dog/cat feces left by your animal and you may not allow your dog/cat to run at large or constantly bark. You are only permitted to have **four** licensed animals living in once residence at a time. Also the feeding of stray animals is prohibited. You are required to provide the Code Enforcement Unit with proof of your dog/cat being licensed. You are Required to: **Obtain 2015 pet license**, remove all pet waste also, pets are required to be leashed at all times.

Failure to comply will result in a Summons being issued, a mandatory court appearance and up to \$500 in fines per day; please note that in the event a Summons is issued, and you fail to appear in Court on the date scheduled, a Bench Warrant will be issued for your arrest. You have 7 DAYS in order to comply with the above violation; **re-inspection will be made on or about July 14, 2015.**

Should you have any questions concerning the above matter, I may be reached at [CODEENFORCEMENT@GTPOLICE.COM](mailto:CODEENFORCEMENT@GTPOLICE.COM) or (856) 374-3513 Monday through Thursday, 8:00 a.m. to 5:45 p.m. Also, please note that you may or may not have already received a door hanger placed at your residence; this letter is to inform you of the re-inspection date.

**\*ATTENTION: Please be advised that both the landowner and the resident of the property have been notified of the violations and have been sent a copy of this letter.**

Thank you for your cooperation,

*Joseph Hogue*

Joseph Hogue  
Inspector

April 10, 2017

William & Mary Oliveri  
1024 Jarvis Road  
Sicklerville NJ 08081

Subject: Property Maintenance  
**Case Number: 17-016869**  
RE: 1024 Jarvis Road

Dear Resident:

Please be advised that you are in violation of the Code of the Township of Gloucester known as **Chapter 67A-8, "Property Maintenance"**: The exterior of premises and all structures thereon shall be kept free of all nuisances and any hazards to the safety of occupants, pedestrians and other persons utilizing the premises and free of unsanitary conditions, and any of the foregoing shall be promptly removed and abated by the owner or operator. It shall be the duty of the owner or operator to keep the premises free of hazards. **You are Required to: Remove trash and debris in rear yard, Repair broken garage door.**

Failure to comply will result in a Summons being issued, a mandatory court appearance and up to \$500 in fines per day; please note that in the event a Summons is issued, and you fail to appear in Court on the date scheduled, a Bench Warrant will be issued for your arrest. You have 7 DAYS in order to comply with the above violation; **re-inspection will be made on or about April 25, 2017.**

Should you have any questions concerning the above matter, I may be reached at [CODEENFORCEMENT@GTPOLICE.COM](mailto:CODEENFORCEMENT@GTPOLICE.COM) or (856) 374-3513 Monday through Thursday, 8:00 a.m. to 5:45 p.m. Also, please note that you may or may not have already received a door hanger placed at your residence; this letter is to inform you of the re-inspection date.

***\*ATTENTION: Please be advised that both the landowner and the resident of the property have been notified of the violations and have been sent a copy of this letter.***

Thank you for your cooperation,

***Vincent Borrelli***

Vincent Borrelli  
Inspector



# Interoffice

## MEMORANDUM

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**To:** Nancy Power, Township Clerk

**From:** Cookie Pessagno

**Re:** Records Request

**Date:** August 16, 2023,

Dear Nancy,

This letter is regarding the records request from *Krystal Brackett* for the information you requested at 1024 Jarvis Rd Block 17502 Lot 13. Attached please find all the permits we have in our records for this property. All permits remain open as no inspections were ever made to close them except 2022-2148 that permit is closed. There is 1 building Violation see attached. If you have any questions, please feel free to contact me at 856-374-3500.

Thank you,

Cookie Pessagno

Construction Department

**Gloucester Township**

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

Permit No.  
Control No.  
Log No.

20063677

## NOTICE AND ORDER OF PENALTY

(CONSTRUCTION PERMITS, N.J.A.C.5:23-2.14)

### Identification

Work Site 1024 JARVIS ROAD  
Block/Lot 17502/13  
Owner SUTTON, RYAN  
1024 JARVIS ROAD  
SICKLERVILLE NJ 08081

### Contractor

Douglas Jacob Home LLC  
1615 S. 28th Street  
Philadelphia PA 19145

### Action

Date of Notice 3/15/23 Compliance Due Date 3/31/23 Date of Inspection 2/15/23

**TAKE NOTICE** that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that

Performing interior work that requires a Construction Permit.

Stop Work Order placard posted on 2/15/23 that has been ignored.

You are hereby ordered to terminate the said violations on or before 3/31/23

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

You are hereby ordered to pay a penalty of \$2,000.00 for each violation for a total

penalty of \$2,000.00 Each Week that any of the said violations remain outstanding

after 3/31/23 shall result in an additional penalty of \$1,000 per Week

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the County of CAMDEN within 15 days of the receipt of these Orders. 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 nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is \$ 50.00 to be forwarded with your application to the Construction Board of Appeals office at: **14th Floor City Hall 520 Market St Camden NJ 08102**

If you have any questions concerning this matter, please call the construction office, Gloucester Township

Subcode Official

Date

James T. Gallagher  
Construction Official

Date

**Gloucester Township**

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

Permit No.  
Control No.  
Log No.

20063677

## NOTICE AND ORDER OF PENALTY (CONSTRUCTION PERMITS, N.J.A.C.5:23-2.14)

### Identification

Work Site 1024 JARVIS ROAD  
Block/Lot 17502/13  
Owner SUTTON, RYAN  
1024 JARVIS ROAD  
SICKLERVILLE NJ 08081

### Contractor

Douglas Jacob Home LLC  
1615 S. 28th Street  
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### Action

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The fee for an appeal is \$ 50.00 to be forwarded with your application to the Construction Board of Appeals office at: **14th Floor City Hall 520 Market St Camden NJ 08102**

If you have any questions concerning this matter, please call the construction office, Gloucester Township

Subcode Official

Date

James T. Gallagher  
Construction Official

Date



## STOP CONSTRUCTION ORDER

Permit #  
Date Issued **8/16/23**

-or-  
Control #

### IDENTIFICATION

Work Site Location **1024 JARVIS ROAD** Block/Lot//Qual **17502/13**

Owner in fee **SUTTON, RYAN** Agent \_\_\_\_\_  
Address **1024 JARVIS ROAD** Address \_\_\_\_\_  
**SICKLERVILLE NJ 08081**

To: ☒ Owner ☐ Other: \_\_\_\_\_  
Agent/Contractor \_\_\_\_\_

DATE OF INSPECTION: \_\_\_\_\_ DATE OF THIS NOTICE: **3/07/23**

### ACTION

You are hereby **ORDERED** to **STOP**

☐ Building ☐ Electrical ☐ Plumbing ☐ Fire Protection ☐ Mechanical ☐ Elevator ☒ All CONSTRUCTION  
at the above Location as of **2/15/23** until further notice from this enforcing agency.

This ORDER is entered pursuant to N.J.A.C. 5:23-2.31(d) for violation of **CONSTRUCTION PERMITS, N.J.A.C.5:23-2.14**  
which provides:

**Performing interior work that requires a Construction Permit**

Permission to resume construction may be obtained from this enforcing agency after the following conditions are met:

**After permits are obtained.**

Further, take **NOTICE** that failure to comply with this **ORDER** may result in the assessment of penalties of up to \$2,000 per day per violation, and a certificate of occupancy will not be issued until such penalty has been paid.

If necessary, the enforcing agency will concurrently seek the Order of a court of competent jurisdiction restraining furtherwork at the above location.

If you wish to contest this **ORDER**, you may request a hearing before the Construction Board of Appeals of the **County** of **CAMDEN**, 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 name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of the relief sought by you. You may append any documents that you consider useful.

The fee for an appeal is \$ **50.00** and should be forwarded with your application to the Construction Board of Appeals Office at: **14th Floor City Hall 520 Market St Camden NJ 08102**

If you have any questions concerning this matter, please call: **James T. Gallagher**  
Construction Official

By **ORDER** of: \_\_\_\_\_ Date: \_\_\_\_\_  
SubCode Official

Construction Office, Gloucester Township, Laurel Springs, NJ 08021, 8563743500 , FAX 8562326229

U.C.C. F250 (rev. 1/2004)

**Gloucester Township**

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

Permit No. **20050190**  
Control No. **34719**  
Parcel(Block/Lot). **17502/13**  
Applic/Issued. **2/03/05 / 2/18/05**

## Construction Permit

Work Site Location 1024 JARVIS RD, Township of  
Owner in Fee..... OLIVERI, WILLIAM  
Address..... 1024 JARVIS ROAD  
ERIAL, NJ 08081  
Phone..... (609)783-7270

Contractor.....  
Address.....  
Phone.....  
Lic No.....  
Fed Emp No.....

Permission is hereby granted to do the following work:

|                                              |                                     |                                                |                                    |
|----------------------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|
| <input type="checkbox"/> BUILDING            | <input type="checkbox"/> PLUMBING   | <input type="checkbox"/> DEMOLITION            | <input type="checkbox"/> ONGOING - |
| <input checked="" type="checkbox"/> ELECTRIC | <input type="checkbox"/> FIRE       | <input type="checkbox"/> ASBESTOS ABATEMENT    | <input type="checkbox"/> OTHER     |
| <input type="checkbox"/> ELEVATOR            | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> LEAD HAZARD ABATEMENT |                                    |

**Description of Work:**

Replace Heat .

*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: \$2,900

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>46</u>   |
| Plumbing .....           | <u>0</u>    |
| Fire Protection .....    | <u>0</u>    |
| Elevator Devices.....    | <u>0</u>    |
| Mechanical.....          | <u>0</u>    |
| State Training Fee       | <u>4</u>    |
| Certificate of Occupancy | <u>0</u>    |
| Other .....              | <u>0</u>    |
| Total .....              | <u>\$97</u> |

Check#/Cash.....  
Paid .....

Collected By .....

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 17502/13

Work Site Location 1024 JARVIS RD

Owner in Fee: OLIVERI, WILLIAM

Tel. (609)783-7270

e-mail

Address: 1024 JARVIS ROAD

ERIAL, NJ 08081

Street

ZIP CODE

Contractor:

Tel.

Address:

e-mail

Contractor License No.

Exp. Date

Federal Emp. ID No.

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 \$ 100

Descript: Replace Heat.

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                         | Date | Initial | INSPECTIONS                   | Dates (Month/Day) |          |         |
|---------------------------------------------------------------------|------|---------|-------------------------------|-------------------|----------|---------|
| <input type="checkbox"/> No Plans Required                          |      |         | Type:                         | Failure           | Approval | Initial |
| Joint Plan Review Required:                                         |      |         | Rough                         |                   |          |         |
| <input type="checkbox"/> Building <input type="checkbox"/> Plumbing |      |         | Barrier-Free                  |                   |          |         |
| <input type="checkbox"/> Fire <input type="checkbox"/> Elevator     |      |         | Trench                        |                   |          |         |
| <input type="checkbox"/> 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:

U.S.C. #120 (rev. 07/02)

Applicant (When Submitting Job) Turn in your Local Construction Code Enforcement Office please provide one original and three photocopies.

Date Received 2/03/2005

Control # 34719

Date Issued 2/18/2005

Permit # 20050190

## 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

FEE (Office Use Only)

\$

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

0

Gloucester Township

MECHANICAL INSPECTOR TECHNICAL SECTION

Date Received: 02/03/2005 Date Issued: 02/18/2005  
Control #: 34719 Permit #: 20050190

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

Block: 17502 Lot: 13 Qualification Code:

Work Site Location: 1024 JARVIS ROAD

Owner in Fee: OLIVER, WILLIAM

Address: 1024 JARVIS ROAD

Address: ERIAL, NJ 08081

Telephone: (609) - 783-7270

Contractor: Bovio Heating & A/C

Address: 101 Summit Avenue

Sicklerville NJ 08081

Telephone: (856) 740-3600

License No.: Fax: (856) 674-3800  
Federal Emp. No.: 222491458

B. MECHANICAL CHARACTERISTICS

Use Group R3, R4 or R5

Heating System ☐ Conversion ☐ Replacement

Fuel: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

Type: ☐ Other:

☐ Hydronic ☐ Hot Air

1. New Building: \$0.00 2. Rehabilitation: \$2,800.00

3. Demolition: \$0.00 Estimated Cost of Mechanical Work (1+2+3): \$2,800.00

JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                       |                 | INSPECTIONS   |         | DATES    |         |  |  |
|-------------------------------------------------------------------|-----------------|---------------|---------|----------|---------|--|--|
|                                                                   | Type:           | Failure       | Failure | Approval | Initial |  |  |
| <input type="checkbox"/> No Plans Required                        | Gas Piping      |               |         |          |         |  |  |
| <input type="checkbox"/> Joint Plan Review Required               | Appliance       |               |         |          |         |  |  |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumbing  | Chimney/Vent    |               |         |          |         |  |  |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Elevator  | Oil Piping      |               |         |          |         |  |  |
| <input type="checkbox"/> Fire <input type="checkbox"/> Mechanical | Oil Tank        |               |         |          |         |  |  |
| PLANS APPROVED                                                    |                 | LPG Tank      |         |          |         |  |  |
| Date: _____                                                       | Hydronic Piping |               |         |          |         |  |  |
| Approved by: _____                                                | Fireplace       |               |         |          |         |  |  |
| SUBCODE APPROVAL                                                  |                 | Chimney Cert. |         |          |         |  |  |
| <input type="checkbox"/> CA <input type="checkbox"/> CCO          | Other _____     |               |         |          |         |  |  |
| Date: _____                                                       |                 |               |         |          |         |  |  |
| Approved by: _____                                                |                 |               |         |          |         |  |  |

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 |
|---------------------|
| Replace Heat.       |

FIXTURE/EQUIPMENT

No.

Fee (Office Use Only)

|                  |  |
|------------------|--|
| Water Heater     |  |
| Fuel Oil Piping  |  |
| Gas Piping       |  |
| Steam Boiler     |  |
| Hot Water Boiler |  |
| Hot Air Furnace  |  |
| Oil Tank         |  |
| LPG Tank         |  |
| Fireplace        |  |
| Other:           |  |

|                            |         |
|----------------------------|---------|
| Administrative Surcharge   |         |
| Minimum Fee                | \$43.00 |
| State Permit Surcharge Fee | \$4.00  |
| TOTAL FEE                  | \$47.00 |

**Gloucester Township**

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

Permit No. **20070846**  
Control No. **41407**  
Parcel(Block/Lot). **17502/13**  
Applic/Issued. **3/09/07 / 5/15/07**

## Construction Permit

Work Site Location 1024 JARVIS RD  
Owner in Fee..... OLIVERI WILLIAM T & MARY A  
Address..... 1024 JARVIS ROAD  
SICKLERVILLE NJ, 08081  
Phone..... (856)566-5372

Contractor... OWNER  
Address.....  
Phone.....  
Lic No.....  
Fed Emp No.....

Permission is hereby granted to do the following work:

|                                   |                                              |                                                |                                    |
|-----------------------------------|----------------------------------------------|------------------------------------------------|------------------------------------|
| <input type="checkbox"/> BUILDING | <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION            | <input type="checkbox"/> ONGOING - |
| <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> FIRE                | <input type="checkbox"/> ASBESTOS ABATEMENT    | <input type="checkbox"/> OTHER     |
| <input type="checkbox"/> ELEVATOR | <input type="checkbox"/> MECHANICAL          | <input type="checkbox"/> LEAD HAZARD ABATEMENT |                                    |

**Description of Work:**

Sewer connection

**PAYMENTS \* (Office Use Only)**

|                          |             |
|--------------------------|-------------|
| Building .....           | <u>\$0</u>  |
| Electrical .....         | <u>0</u>    |
| Plumbing .....           | <u>65</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> |

Estimated Cost of Work: \$500

|                    |             |
|--------------------|-------------|
| Check#/Cash.....   | <u>66</u>   |
| Paid .....         | <u>\$66</u> |
| Collected By ..... | <u>RR</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 PLUMBING SUBCODE TECHNICAL SECTION



3/09/2007  
41407  
5/15/2007  
20070846

Date Received  
Control #  
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/Lot 17502/13  
Work Site Location 1024 JARVIS RD

Owner in Fee: OLIVERI WILLIAM T & MARY A  
Tel. (856)566-5372 e-mail  
Address: 1024 JARVIS ROAD SICKLERVILLE NJ, 08081  
Contractor: OWNER Tel. (856)566-5372

Address: e-mail  
Contractor License No. Exp. Date  
Federal Emp. ID No. FAX  
B. PLUMBING CHARACTERISTICS  
Use Group Present Proposed R-5  
Building Sewer Size Public Sewer Private Septic  
Water Service Size Public Water Private Septic  
Est. Cost of Plumbing Work \$ 500

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                 | Date  | Initial | INSPECTIONS | Dates (Month/Day) |
|-----------------------------|-------|---------|-------------|-------------------|
| [ ] No Plans Required       | Type: | Slab    | Failure     | Approval          |
| Joint Plan Review Required: |       |         |             |                   |
| [ ] Building [ ] Plumbing   |       |         |             |                   |
| [ ] Fire [ ] Elevator       |       |         |             |                   |
| [ ] Plumbing Plans Approved |       |         |             |                   |
| Date:                       |       |         |             |                   |
| Approved by:                |       |         |             |                   |
| SUBCODE APPROVAL            |       |         |             |                   |
| [ ] CO [ ] CCO [ ] CA       |       |         |             |                   |
| Date:                       |       |         |             |                   |
| Approved by:                |       |         |             |                   |

## C. CERTIFICATION IN JEU 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 Plumbing Contractor [ ] Exempt Applicant

## D. TECHNICAL SITE DATA (List of all fixtures.) NO. FIXTURE/EQUIPMENT

Water Closet  
Urinal/Bidet  
Bath Tub  
Lavatory  
Shower  
Floor Drain  
Sink  
Dishwasher  
Drinking Fountain  
Hose Bibb  
Water Heater  
Washing Machine  
Fuel Oil Piping  
Gas Piping  
LP Gas Tank  
Steam Boiler  
Hot WaterBoiler  
Sewer Pump  
Interceptor/Separator  
Backflow Preventer  
Grease Trap  
Sewer Connection  
Water Service Connection  
Stacks  
Other  
Other

Administrative Surcharge \$  
Minimum Fee \$  
State Permit Surcharge Fee \$  
Total Fees \$

Description of Work:  
Sewer connection

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. **20081424**  
Control No. **45570**  
Parcel(Block/Lot). **17502/13**  
Applic/Issued. **7/21/08 / 8/13/08**

## Construction Permit

Work Site Location 1024 JARVIS RD  
Owner in Fee..... OLIVERI WILLIAM T & MARY A  
Address..... 1024 JARVIS ROAD  
SICKLERVILLE NJ, 08081  
Phone..... (856)566-5372

Contractor...  
Address.....  
Phone.....  
Lic No.....  
Fed Emp No.....

Permission is hereby granted to do the following work:

|                                              |                                              |                                                |                                    |
|----------------------------------------------|----------------------------------------------|------------------------------------------------|------------------------------------|
| <input type="checkbox"/> BUILDING            | <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION            | <input type="checkbox"/> ONGOING - |
| <input checked="" type="checkbox"/> ELECTRIC | <input type="checkbox"/> FIRE                | <input type="checkbox"/> ASBESTOS ABATEMENT    | <input type="checkbox"/> OTHER     |
| <input type="checkbox"/> ELEVATOR            | <input type="checkbox"/> MECHANICAL          | <input type="checkbox"/> LEAD HAZARD ABATEMENT |                                    |

**Description of Work:**

AC unit replacement

*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: \$250

\_\_\_\_\_  
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>65</u>    |
| Fire Protection .....    | <u>0</u>     |
| Elevator Devices.....    | <u>0</u>     |
| Mechanical.....          | <u>0</u>     |
| State Training Fee       | <u>0</u>     |
| Certificate of Occupancy | <u>0</u>     |
| Other .....              | <u>0</u>     |
| Total .....              | <u>\$130</u> |

|                    |              |
|--------------------|--------------|
| Check#/Cash.....   | <u>8010</u>  |
| Paid .....         | <u>\$130</u> |
| Collected By ..... | <u>JA</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 17502/13

Work Site Location 1024 JARVIS RD

Owner in Fee: OLIVERI WILLIAM T & MARY A  
Tel. (856)566-5372 e-mail  
Address: 1024 JARVIS ROAD SICKLERVILLE NJ, 08081  
Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_  
Address: \_\_\_\_\_ e-mail \_\_\_\_\_  
Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Federal Emp. ID No. \_\_\_\_\_ FAX \_\_\_\_\_  
B. ELECTRICAL CHARACTERISTICS  
Use Group Present \_\_\_\_\_ Proposed R-5  
☐ Polepad # \_\_\_\_\_ ☐ Temporary Service ☐ Other \_\_\_\_\_  
Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_  
Est. Cost of Elec. Work \$ 200 Description: AC unit replacement

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                 |              | INSPECTIONS                   |         | Dates (Month/Day) |          |
|-----------------------------|--------------|-------------------------------|---------|-------------------|----------|
| [ ] No Plans Required       | Date Initial | Type:                         | Failure | Failure           | Approval |
| Joint Plan Review Required: |              | Rough                         |         |                   |          |
| [ ] 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            |              | Temp. Cut-in-Card Date Issued |         |                   |          |
| [ ] CO [ ] CCO [ ] CA       |              | Final Cut-in-Card Date Issued |         |                   |          |
| Date: _____                 |              | Annual Pool Inspection        |         |                   |          |
| Approved by: _____          |              | Date of Grounding and Bonding |         |                   |          |
|                             |              | Certification                 |         |                   |          |

U.S.C. E120 (rev. 07/10) Applicant When Submitting this form to your local construction code Enforcement Office please provide one original plus three photocopies

Date Received 7/21/2008  
Control # 45570  
Date Issued 8/13/2008  
Permit # 20081424

## 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 \_\_\_\_\_

FEE (Office Use Only)

\$

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

0

65

65



# Gloucester Township PLUMBING SUBCODE TECHNICAL SECTION



7/21/2008  
45570  
8/13/2008  
20081424

Date Received  
Control #  
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/Lot 17502/13  
Work Site Location 1024 JARVIS RD

Owner in Fee: OLIVERI WILLIAM T & MARY A  
Tel. (856)566-5372 e-mail  
Address: 1024 JARVIS ROAD SICKLERVILLE NJ, 08081  
Street Municipality Zip Code

Contractor: Tel.  
Address: e-mail

Contractor License No. Exp. Date  
Federal Emp. ID No. FAX

B. PLUMBING CHARACTERISTICS  
Use Group Present Proposed R-5  
Building Sewer Size Public Sewer Private Septic  
Water Service Size Public Water Private Septic  
Est. Cost of Plumbing Work \$ 50

| PLAN REVIEW                 |              | INSPECTIONS     |         | DATES (Month/Day) |         |
|-----------------------------|--------------|-----------------|---------|-------------------|---------|
| Date                        | Initial      | Type:           | Failure | Approval          | Initial |
| Joint Plan Review Required: |              |                 |         |                   |         |
| [ ] Building                | [ ] Plumbing | Slab            |         |                   |         |
| [ ] Fire                    | [ ] Elevator | Rough           |         |                   |         |
| [ ] Plumbing Plans Approved |              | Water           |         |                   |         |
|                             |              | Sewer           |         |                   |         |
|                             |              | Fixtures        |         |                   |         |
|                             |              | Gas Equipment   |         |                   |         |
|                             |              | Gas Piping      |         |                   |         |
|                             |              | LP Gas Tank     |         |                   |         |
|                             |              | Fuel Oil Piping |         |                   |         |
|                             |              | Solar           |         |                   |         |
|                             |              | TCO             |         |                   |         |

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

Date: Approved by: TCO

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)  
NO. FIXTURE/EQUIPMENT

|                               |    |
|-------------------------------|----|
| Water Closet                  |    |
| Urinal/Bidet                  |    |
| Bath Tub                      |    |
| Lavatory                      |    |
| Shower                        |    |
| Floor Drain                   |    |
| Sink                          |    |
| Dishwasher                    |    |
| Drinking Fountain             |    |
| Hose Bibb                     |    |
| Water Heater                  |    |
| Washing Machine               |    |
| Fuel Oil Piping               |    |
| Gas Piping                    |    |
| LP Gas Tank                   |    |
| Steam Boiler                  |    |
| Hot Water Boiler              |    |
| Sewer Pump                    |    |
| Interceptor/Separator         |    |
| Backflow Preventer            |    |
| Grease Trap                   |    |
| Sewer Connection              |    |
| Water Service Connection      |    |
| Stacks                        |    |
| Other cond line               |    |
| Other                         |    |
| Administrative Surcharge \$   | 0  |
| Minimum Fee \$                | 65 |
| State Permit Surcharge Fee \$ |    |
| Total Fees \$                 | 65 |

Description of Work:  
AC unit replacement

**Gloucester Township**

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

Permit No. **20222148**  
Control No. **91748**  
Parcel(Block/Lot). **17502/13**  
Applic/Issued. **9/13/22 / 10/03/22**

## Construction Permit

Work Site Location 1024 JARVIS RD, SICKLERVILLE Contractor... T/A SJESP PLUMBING SERVICES, LLC  
Owner in Fee..... OLIVERI WILLIAM T & MARY A Address.....420 N.2nd ROAD RD UNIT 1  
Address..... 1024 JARVIS ROAD HAMMONTON , NJ 08037  
SICKLERVILLE NJ 08081  
Phone..... (856)203-0813 Phone.....(609)481-3737  
Lic No..... 36B101292700 - 6/30/24  
Fed Emp No. 251920632

Permission is hereby granted to do the following work:

|                                              |                                              |                                                |                                    |
|----------------------------------------------|----------------------------------------------|------------------------------------------------|------------------------------------|
| <input type="checkbox"/> BUILDING            | <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION            | <input type="checkbox"/> ONGOING - |
| <input checked="" type="checkbox"/> ELECTRIC | <input type="checkbox"/> FIRE                | <input type="checkbox"/> ASBESTOS ABATEMENT    | <input type="checkbox"/> OTHER     |
| <input type="checkbox"/> ELEVATOR            | <input type="checkbox"/> MECHANICAL          | <input type="checkbox"/> LEAD HAZARD ABATEMENT |                                    |

**Description of Work:**

REPLACE ELECTRIC WATER HEATER

*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: \$2,200

\_\_\_\_\_  
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>65</u>    |
| Fire Protection .....    | <u>0</u>     |
| Elevator Devices.....    | <u>0</u>     |
| Mechanical.....          | <u>0</u>     |
| State Training Fee       | <u>4</u>     |
| Certificate of Occupancy | <u>0</u>     |
| Other .....              | <u>0</u>     |
| Total .....              | <u>\$134</u> |

|                    |              |
|--------------------|--------------|
| Check#/Cash.....   | <u>11692</u> |
| Paid .....         | <u>\$134</u> |
| Collected By ..... | <u>KM</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 17502/13

Work Site Location 1024 JARVIS RD

Owner in Fee: OLIVERI WILLIAM T & MARY A

Tel. (856)203-0813

e-mail

Address: 1024 JARVIS ROAD SICKLERVILLE NJ 08081

Street

zip code

Contractor: HOMESERVE USA ENERGY SERVICES LLC Tel. (609)481-3737

Address: 420 2ND RD UNIT#1, HAMMONTON NJ 08037 e-mail

Contractor License No. Exp. Date

Federal Emp. ID No. 113479391 FAX. (609)939-2898

## B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/pad # ☐ Temporary Service ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 100 Descript: REPLACE ELECTRIC WATER HEATER

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                         | Date | Initial | INSPECTIONS                                 | Dates (Month/Day)        |
|---------------------------------------------------------------------|------|---------|---------------------------------------------|--------------------------|
| <input type="checkbox"/> No Plans Required                          |      |         | Type: Rough                                 | Failure Approval Initial |
| Joint Plan Review Required:                                         |      |         |                                             |                          |
| <input type="checkbox"/> Building <input type="checkbox"/> Plumbing |      |         | Barrier-Free                                |                          |
| <input type="checkbox"/> Fire <input type="checkbox"/> Elevator     |      |         | Trench                                      |                          |
| <input type="checkbox"/> 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 |                          |

U.C.C. F130 (rev. 07/02) Applicant when submitting this form to your local construction code Enforcement Office please provide one original plus three photocopies

Date Receive 9/13/2022

Control # 91748

Date Issued 10/03/2022

Permit # 20222148

## 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 Applc

## D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

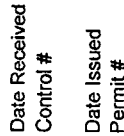
Lighting Fixtures  
Receptacles  
Switches  
Detectors  
Light Pole  
Motors—Fract. H  
Emergency & Exit Lights  
Communications Paints  
Alarm Devices/F.A.C. Panel

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 Subpanels  
AMP Motor Control Center  
KW Elec. Sign/Outline Light

\$

FEE (Office Use Only)

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



9/13/2022  
91748  
10/03/2022  
20222148

**D. TECHNICAL SITE DATA (List of all fixtures.)**

Water Closet  
Urinal/Bidet

|          |       |
|----------|-------|
|          | _____ |
| bath Tub | _____ |
| Lavatory | _____ |
| Shower   | _____ |

Floor Drain

**Silk**

---

**Dickinson**

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Disinfectant \_\_\_\_\_  
 Drinking Fountain \_\_\_\_\_

|              |   |    |
|--------------|---|----|
| Hose Bibb    | 1 | 12 |
| Water Heater |   |    |

Washing Machine

## Gas Piping

LP Gas Tank

## Steam Boiler

\_\_\_\_\_

|                             |                    |      |                          |          |         |
|-----------------------------|--------------------|------|--------------------------|----------|---------|
| <b>PLAN REVIEW</b>          | <b>INSPECTIONS</b> |      | <b>Dates (Month/Day)</b> |          |         |
| [ ] No Plans Required       | Type:              | Slab | Failure                  | Approval | Initial |
| Joint Plan Review Required: |                    |      |                          |          |         |
| [ ] Building [ ] Plumbing   | Rough              |      |                          |          |         |
| [ ] Fire [ ] Elevator       | Water              |      |                          |          |         |
| [ ] Plumbing Plans Approved | Sewer              |      |                          |          |         |
| Date: _____                 | Fixtures           |      |                          |          |         |
| Approved by: _____          | Gas Equipment      |      |                          |          |         |
| <b>SUBCODE APPROVAL</b>     | Gas Piping         |      |                          |          |         |
| [ ] CO [ ] CCO [ ] CA       | LP Gas Tank        |      |                          |          |         |
| Date: _____                 | Fuel Oil Piping    |      |                          |          |         |
| Approved by: _____          | Solar              |      |                          |          |         |
|                             | TCO                |      |                          |          |         |

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owner of record and am authorized to  
work listed on this application.

and Signature

☐ Exempt Applicant

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

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

**Description of Work:**  
**REPLACE ELECTRIC WATER HEATER**

## Gloucester Township

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

Permit No. **20222148**  
Control No. **91748**  
Block/Lot **17502/13**  
Date **2/09/23**

# Certificate of Approval

### IDENTIFICATION

Block/Lot 17502/13  
Work Site Location 1024 JARVIS RD  
SICKLERVILLE, 08081  
Owner in Fee/Occupant OLIVERI WILLIAM T & MARY A  
Address 1024 JARVIS ROAD  
SICKLERVILLE NJ 08081  
(856)203-0813  
Telephone T/A SJESP PLUMBING SERVICES, LLC  
Contractor 420 N.2nd ROAD RD UNIT 1  
Address HAMMONTON, NJ 08037  
Telephone (609)481-3737 FAX  
Lic. No. or Bldrs. Reg. No. 36B101292700- / /  
Federal Emp. No. 251920632

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:  
REPLACE ELECTRIC WATER HEATER

### 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 \$ 134  
Paid ☐ Check No. 11692  
Collected by: KM