OPRA 2021-86
due 6-7-21

Kelly Santosusso

Received
MAY 26 2021
Kelly Santosusso
Borough Clerk

From: Breean Stumpf <opra+request-23492-f8eb6144@requests.opramachine.com>
Sent: Wednesday, May 26, 2021 2:38 PM
To: Kelly Santosusso
Subject: OPRA request - OPRA- 1105 Sycamore Street Haddon Heights NJ 08035

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Haddon Heights Borough,

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: Any open/closed permits for 1105 Sycamore Street Haddon Heights NJ.

B=69 L=30

Thanks,

Breean Stumpf

No open permits

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-23492-f8eb6144@requests.opramachine.com

Is ksantosusso@haddonhts.com the wrong address for OPRA requests to Haddon Heights Borough? If so, please contact us using this form:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3dhaddon_heights_borough&c=E,1,mBSKfLUl7EfGCW3nFrCIwSVp25K8qraYRbai5yo_QdHhVro4a3dG4CvAVodOpuG0taiT421RHFwyyh7wBRnHZ_YziDbEvk8xw7__KVp0vMYB&typo=1

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fhelp%2fofficers&c=E,1,ekx2MPJI8GH4GutvmryJFf2QgnpE-9xAcp0r2acZzZSwlFEhL7awvFl1MDYozdy76UzJSHwGwon0SpxlXxtaogccf3oc9qcj8K-uBDq2naXN1hw9Hk2JTFaLSg,,&typo=1

View this OPRA request & responses online:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2frequest%2fopra_1105_sycamore_street_haddon&c=E,1,oM-9FaG1ltbuswYJypnuHiWJpDikiZ_3tK7rq5HJf71943oYum10jt22ekmWrbsEEc2mCXnjVrlZxlrtEs9YhXRKnaB740qfNdaLUeabyl3z4WETY1qa&typo=1

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.

HADDON HEIGHTS
514 W ATLANTIC AVE.
HADDON HEIGHTS, NJ 08035
856-5462580

CLOSED

CERTIFICATE
IDENTIFICATION

Date Issued: 05/27/2021
Control #: 13989
Permit #: 20200350

Block: 69 Lot :30

Work Site Location: 1105 SYCAMORE ST
HADDON HEIGHTS

Owner in Fee: CALVIN CAPITAL MGNT, UBO

Address: PO 231
HADDON HEIGHTS NJ 08035

Telephone: 609 313-7835

Agent/Contractor: CALVIN CAPITAL MGNT, UBO

Address: PO 231
HADDON HEIGHTS NJ 08035

Telephone: 609 313-7835

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

Social Security No.: _____

Home Warranty No: _____

Type of Warranty Plan: [ ] State [ ] Private

Use Group: R-5

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use:
ADDITION AND RENOVATIONS PER PLANS BY ARCHITECT, HOUSE REWIRE, ROUGH IN WATER AND DRAIN SYSTEM FOR 2 AND A HALF BATH HOUSE, A/C CONDENSATE DRAIN. INSTALL 2 COMPLETE SYSTEMS ONE IN ATTIC AND ONE IN BASEMENT

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

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

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

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

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

Fees: $0.00

Paid[X]Check No.: 5001

Collected by: smr

_____
Ed Gorman Construction Official

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

BOROUGH OF HADDON HEIGHTS
625 STATION AVE 08035
PHONE 856-546-2580

CLOSED

Date Issued 05/07/14
Control #
Permit # 14-130

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 69 Lot 30 Qual
Work Site Location 1105 SYCAMORE ST.

Owner in Fee/Occupant SUE BALKEY
Address 1105 SYCAMORE ST.
HADDON HEIGHTS, NJ 08035-
Telephone (856) 278-6079
Contractor DAVE POWELL
Address 303 FOURTH AVE.
HADDON HEIGHTS, NJ 08035-
Telephone (856)546-4919 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 13VH02756600
Federal Emp. No. 15-3448661

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification 5B
Maximum Occupancy Load 0
Description of Work/Use:

TEAR OFF EXISTING & REPLACE ROOF
SLATE STONE W/RED DIMENSIONAL

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or 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 _____, ____.

Fee $ 0
Paid [X] Check No. 1627
Collected by: SG

Construction Official

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

CLOSED

To the Building Inspector - Borough of Haddon Heights, N. J.:

EXISTING CURB

I hereby request permission to break the curb at 1105 Lynnewood Ave., which is a one or two family dwelling house, for the purpose of gaining access to the property. Said opening will be 6" feet and located as indicated below.

10'

Existing	Curb

(Indicate on above diagram size and location of opening also number of feet from each side property line.)

Date 7-1, 1970

☐ Owner

Signed Richard Cullum ☐ Contractor

I authorize the issuance of this permit.

Date July 1, 1970

Joseph J. DeAngelo Building Inspector

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. [illegible]
DATE ISSUED [illegible]
REVISION DATE
Block 59 Lot 30
Subdivision

CLOSED

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Suzanne Balkey
Address 217 Tenth Ave
Haddon Heights
Tel. (609) 546-8060
Work Site Address 1105 Sycamore St
Haddon Heights, N.J.

Contractor
Address Myself
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

remove garage

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☒ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	$ [illegible]
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$ [illegible]

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____
Total Building Area—All Floors _____ Sq. Ft.
Height of Structure _____ Ft.
Volume of Structure _____ Cu. Ft.
Area—Largest Floor _____ Sq. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

BOROUGH OF HADDON HEIGHTS WILL NOT BE RESPONSIBLE FOR REMOVAL OF DEBRIS COINCIDENTAL TO THIS JOB.

CLOSED 6/27/87

BOROUGH OF HADDON HEIGHTS
NEW JERSEY

APPLICATION FOR A BUILDING PERMIT

PERMIT # 4187 at.

Date June 22, 87

Name T. Brown

Address 110 S Tuscan Ln

Phone _____

Plate # _____

Block # 69

Lot # 30

Size of lot: _____
Sq. Footage of lot _____
Residential: ✓
Business: _____
Office: _____
Other: _____
Cost of work: 1800.00

New Construction: _____
Alteration: _____
Demolition: _____
Other: Roofing
Is Site Plan Attached: _____
Sealed Blueprint: _____
Owners Sketch: _____
Owners Affidavit: _____

Existing Front Yard: _____
Existing Rear Yard: _____
Existing Side Yards: _____ & _____

New Front Yard: _____
New Rear Yard: _____
New Side Yards: _____ & _____

Is this a Conforming Use: _____

Is this Non Conforming: _____

General Contractors Name: Hanzel
Address: _____
Phone No: _____

Has Camden County Planning Board approval been granted if applicable _____
Has New Jersey State Highway approval been granted if applicable _____
Has Planning Board approval been granted if applicable _____
Has Zoning Board of Adjustment approval been granted if applicable _____
Has Zoning Board of Adjustment approval been granted if applicable _____
Has approval been granted by the Public Utilities (Sewer, Water, Gas, Electric, Phone Co!s) if applicable in demolition _____
Approval of The Building Inspector _____
Date: _____
APPROVAL OF THE ZONING ENFORCEMENT OFFICER _____
Date: _____

NOTE: In order for any person or persons to obtain a Certificate of Occupancy, they must have the approval of the following:

Zoning Officer _____ Date _____
Building Inspector _____ Date _____
Plumbing Inspector _____ Date _____
Oil Burner Inspector _____ Date _____
Boro Fire Chief _____ Date _____
Underwriters Certificate _____ Date _____
Certificate of Occupancy# _____

To the Applicant: Answer only those questions applicable to your Application

MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

National Headquarters
900 Haddon Ave., Collingswood, N.J. 08108

CLOSED

App. No.: 83-9

APPLICATION FOR PLUMBING INSPECTION

APPLICANT: PLEASE PRINT FIRMLY. DATE: 5-27-83

Municipality HADDON HEIGHTS County CAMDEN State NEW JERSEY

Lot 30 Block 69 Street Address 1105 SYCAMORE STREET

Owner: MR. + MRS. BROWN Building Permit #:

Occupied As: DUPLEX APT. RESIDENTIAL Plumbing Permit #:

Occupant: TEMPORARILY EMPTY Ready for Inspection: 6-10-83

Applicant's Signature: John N. Schmidt, Jr.

T/A C. Len Schmidt + Son, Inc. License # 1775

Applicant's Address 610 Station Ave Haddon Hts.

City State N.J. Zip Code 08035

Phone # (609) 547-0656

- Municipal Water ☐
- Municipal Sewer ☐
- Septic System ☐
- Well Water ☐

Draw Plan on Reverse Side

Building: New ☐ Old ☒
Work: New ☐ Additional ☐ REMODEL

	List All Equipment Below:	FEE	
X	Piping in Walls		
	Piping in Slab		
	Sewer Lateral		
	Water Lateral		
	Stacks		
	Bathtub		
	Lavatories		
	Shower Stall		
	Water Closet		
	Urinal		
	Bidet		
	Kitchen Sink		
	Dishwasher		
	Garbage Disposal		
	Laundry Tray		
	Clothes Washer		
	Floor Drain		
	Water Heater		
	Gas Connections		
	Drinking Fountain		
	Grease Trap		
	Oil Separator		
	Slop Sink		
	Lawn Sprinkler # Heads		
	Sewage Ejector		
	Others:		
	Plan Review		
	TOTAL FEE:	18	00

Fee Paid ☑ 5/27/83 Invoice #

Charge ☐ Check # 7215

FOR AGENCY USE ONLY:

Date Inspected:

	Piping in Walls		Water Heater
	Piping in Slab		Gas Connections
	Sewer Lateral		Drinking Fountain
	Water Lateral		
	Stacks		Grease Trap
			Oil Separator
	Bathtub		Slop Sink
	Lavatories		Lawn Sprinkler # Heads
	Shower Stall		Sewage Ejector
	Water Closet		
	Urinal		Other:
	Bidet		
	Kitchen Sink		
	Dishwasher		
	Garbage Disposal		
	Laundry Tray		
	Clothes Washer		
	Floor Drain		

	Date	Check
Plan Review		
Underground Rough	Approved ☐	Rejected ☐
Sewer Rough	Approved ☐	Rejected ☐
Wall Rough	Approved ☐	Rejected ☐
Final	Approved ☐	Rejected ☐

Progress Inc. ☐ Locked ☐

Violation Work Comp. ☐ Inc. ☐

Other Side ☐

Notified - Municipality ☐ Date

Contractor ☐ Date

still owed 33.00

Inspector's Signature

FORM NO. 250 (PL) 8/78

MUNICIPAL COPY

MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

National Headquarters
900 Haddon Ave., Collingswood, N.J. 08108

CLOSED

App. No.: 83-12

APPLICATION FOR PLUMBING INSPECTION

APPLICANT: PLEASE PRINT FIRMLY. DATE: 6-15-83

Municipality HADDON HEIGHTS County CAMDEN State NEW JERSEY

Lot 30 Block 69 Street Address 1105 Sycamore St.

Owner: MR. + MRS. BROWN Building Permit #:

Occupied As: DUPLEX APT. RESIDENTIAL Plumbing Permit #:

Occupant: TEMPORARILY EMPTY Ready for Inspection: WILL CALL

Applicant's Signature: John N. Schmidt, Jr.

T/A C. Len Schmidt + Son License # 1775

Applicant's Address 610 Station Ave

City Haddon Hts State N.J. Zip Code 08035

Phone # (609) 547-0656

Municipal Water ☐
Municipal Sewer ☐
Septic System ☐
Well Water ☐

Draw Plan on Reverse Side

Building: New ☐ Old ☒
Work New ☐ Additional ☐ REMODEL

	List All Equipment Below:	FEE
	Piping in Walls Permit No 83-9	
	Piping in Slab	
	Sewer Lateral	
X	Water Lateral CURB TO HOUSE	18 00
X	Stacks ONE VENT	
	ONE BACK VENT	
X	Bathtub ONE - 2nd Fl.	
X	Lavatories ONE - 2nd Fl.	
	Shower Stall	
X	Water Closet ONE - 2nd Fl.	
	Urinal	
	Bidet	
X	Kitchen Sink ONE - 2nd Fl	
	Dishwasher	
	Garbage Disposal	
	Laundry Tray	
	Clothes Washer	
	Floor Drain	
	Water Heater	
	Gas Connections	
	Drinking Fountain	
	Final Fixtures	18 00
	Grease Trap	
	Oil Separator	
	Slop Sink	
	Lawn Sprinkler # Heads	
	Sewage Ejector	
	Others:	
	Plan Review	
	TOTAL FEE: pd. 6/15/83	36 00

Fee Paid ☒ Invoice #

Charge ☐ Check # 3251

FOR AGENCY USE ONLY:

Date Inspected:

O.K.	Piping in Walls 6-13-83		Water Heater
	Piping in Slab		Gas Connections
	Sewer Lateral		Drinking Fountain
	Water Lateral		
	Stacks		Grease Trap
			Oil Separator
	Bathtub		Slop Sink
	Lavatories		Lawn Sprinkler # Heads
	Shower Stall		Sewage Ejector
	Water Closet		
	Urinal		Other:
	Bidet		
	Kitchen Sink		
	Dishwasher		
	Garbage Disposal		
	Laundry Tray		
	Clothes Washer		
	Floor Drain		

	Date	Check
Plan Review		
Underground Rough	Approved ☐	Rejected ☐
Sewer Rough	Approved ☐	Rejected ☐
Wall Rough	Approved ☐	Rejected ☐
Final	Approved ☐	Rejected ☐

Progress Inc. ☐ Locked ☐

Violation Work Comp. ☐ Inc. ☐

Other Side ☐

Notified - Municipality ☐ Date

Contractor ☐ Date

Inspector's Signature

FORM NO. 250 (PL) 8/78

MUNICIPAL COPY