CHERRY HILL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

Cherry Hill Township

Date Received: 2/16/2023

Tracking Number: OPRA-Req-23-0245

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information

Name: Breean Stumpf

Address:

City: State: NJ Zip:

Telephone: Fax:

Email: xxxxxxxxxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxxxxxxxxxx.xxx

Preferred Delivery: E-Mail

☐ If you are requesting records containing personal information: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature: Date:

Payment Information

Maximum Authorized Cost 0

Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) - actual cost of material

Record Request Information:

Location: 12 SADDLE LN

Records requested: OPRA/OPEN & CLOSE PERMITS - 12 Saddle Ln, Cherry Hill, NJ 08002

AGENCY USE ONLY:

Est. Document Cost:
Est. Delivery Cost:
Est. Extras Cost:
Total Est. Cost:
Deposit Amount:
Estimated Balance:
Deposit Date:

AGENCY USE ONLY:

Disposition Notes:

Custodian: If any part of request cannot be delivered in seven business days, detail reason here.

In Progress - Open
Denied - Closed
Filled - Closed
Partial - Closed

AGENCY USE ONLY:

Tracking Information:

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost:

Total
Deposit
Bal. Due
Bal. Paid

Records Provided:

Custodian Signature: Date:

CHERRY HILL, TOWNSHIP OF

(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

LDS CH-B 10612875

No. 1864 DATE 12-7-64

CHERRY HILL TOWNSHIP OCCUPANCY PERMIT

FOR

LOT No. 18 BLOCK No. 286.42 DEVELOPMENT Surrey Place

STREET 12 Saddle Lane POST OFFICE Cherry Hill, N.J. SECTION No. 4

USE

- Residential—R1, R1A, R2, R3
- Business
- Restricted Industrial
- Industrial
- Filling Station

4/c # 19153

PERMITS

- Building Permit 19267 ✓
- Heating Permit 3132 ✓
- Plumbing Permit 5867 ✓
- Filling Station Approval by Commissioners — Date —
- Garbage Disposal Permit (for Municipal Sewer Plant)

SEWER

- Municipal (Plant Location) Hook-up Permit # 4344 ✓
- Public Utility (Plant Location) Hook-up Permit # (no fee)
- Private—Perculation Test
- Approved by Board of Health Date

NOTE: The Following Information Pertains to New Construction Only

air conditioning 19153

IMPROVEMENTS

Streets — Installed As Per Township Requirements Or Construction Funds Guaranteed By 5-27-64
Royal Exchange Assurance #311143 Date gravel 1964

Storm Sewers (If required by Planning Board) in

Sidewalks, Curbs, Berms — Completed As Per Township Requirements in

Street Signs (If Required By Planning Board) ordered

Shade Trees Planted spring installatn

Top Soil (6 in.) in place in

Seeding Planted Or Sod Placed seeded

IF ANY OF THE ABOVE HAVE BEEN ANSWERED "NO" (WHERE REQUIRED) THIS PERMIT IS VOID

2-26-65

This building may be occupied since it complies with the requirements as set forth in the Zoning Ordinance #256 both as to use and size; and all necessary Permits have been issued; and all Planning Board requirements have been met.

I and/or we do hereby certify the above to be a true statement.

Anton Hassemer
(Building Inspector)

KESO CORP
PER
(Applicant)

FILING FEE. $5.00

Block 286.29 Lot 18 Qualification Code _____ Address (Site) 12 SADDLE LN Permit No. 20192858

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 12 SADDLE LN CHERRY HILL TOWNSHIP NJ 08002
2. Name of Owner in Fee: DICKSON, TARA L Tel. [redacted]
   Address 12 SADDLE LN CHERRY HILL NJ 08002
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: ALPHA MECHANICAL INC Tel. (609) 332-2900
   Address 142 TOMS WELLS RD BERLIN NJ 08009
   Email ALPHAMECHANICAL@MSN.COM
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. [redacted] Fax. _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building			
2. Electrical	65		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	125		
7. Less 20% for State Plan Review			
8. Subtotal	125		
9. State Permit Surcharge Fee	4		
10. Subtotal	129		
11. Cert of Occupancy			
12. Other			
13. TOTAL	129		

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

☐ 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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☐ Building									
☑ Electrical	500	JV	8/28/2019		8/29/2019				
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COST 2000

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
3. Change in Use Group, Indicate Former: _____
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL (primary use)
1. State Specific Use: _____
2. Use Group: _____
3. Change in Use Group, Indicate Former: _____

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

D. Construction Classification: TYPE VB

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

CHERRY HILL TOWNSHIP
Construction Department
820 Mercer St.
Cherry Hill, NJ 08002
(856) 488-7855

Date Applied	8/28/2019
Date Issued	10/8/2019
Control #	117128
Permit #	20192858

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 286.29 Lot: 18 Qualifier _____ Use Group R-5

Work Site Location: 12 SADDLE LN CHERRY HILL TOWNSHIP, NJ 08002
Owner in Fee: DICKSON, TARA L
Address: 12 SADDLE LN CHERRY HILL NJ 08002
Telephone: [redacted]

Contractor: ALPHA MECHANICAL INC
Address: 142 TOMS WELLS RD BERLIN NJ 08009
Telephone: (609) 332-2900
Lic. No. or Bldrs. Reg. No. 19HC00347700 19HC00347700
Federal Employee. No. [redacted]

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT
- ☐ OTHER
- ☑ Mechanical (Subchapter 8 only)

DESCRIPTION OF WORK:

CONDENSATE, REPLACEMENT A/C UNIT

Note: If constuction 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 $2,000

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)

035	Building	
039	Electrical	$65
032	Plumbing	
033	Fire Protection	
042	Elevator Devices	
034	Mechanical	$60
046	DCA Training Fee	$4
040	CO Fee	
040	CCO Fee	
040	Other Cert Fee	
060	Admin Sucharge	
043	Other	
060	Admin Fee	
038	Plan Review	
	COAH Fee	
044	Zoning	
	Open Fence	
	Sewer	
	Water	
037	Engineering	
	Shade Tree	
	Escrow	
	Local	
043	Doc Imaging	
	Total	$129

Check No.	1687
Check	$129
Cash	$0
Credit	$0
Collected By	Aishe Metkov-Spor

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/28/2019
Date Issued 10/8/2019
Control # 117128
Permit # 20192858

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

Block 286.29 Lot 18 Qualification Code

Work Site Location: 12 SADDLE LN CHERRY HILL TOWNSHIP, NJ 08002

Owner in Fee: DICKSON, TARA L

Address 12 SADDLE LN CHERRY HILL NJ 08002

Email

Tel. [redacted]

Contractor: ALPHA MECHANICAL INC

Address 142 TOMS WELLS RD BERLIN NJ 08009

Email ALPHAMECHANICAL@MSN.COM

Tel. (609) 332-2900 Fax.

Lic No. Exp. Date

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

Federal Employee No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $500

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
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

C. CERTIFICATION IN LIEU OF OATH

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

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

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CONDENSATE, REPLACEMENT A/C UNIT,

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	$50
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
1	4	KW Central A/C Unit	$15
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	$65
State Permit Surcharge Fee	$1
TOTAL FEE	$66

U.C.C F120 (rev. 11/09)

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

MECHANICAL SUBCODE
TECHNICAL SECTION

Date Received 8/28/2019
Control # 117128
Date Issued 10/8/2019
Permit # 20192858

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

Block 286.29 Lot 18 Qualification Code

Work Site Location: 12 SADDLE LN CHERRY HILL TOWNSHIP, NJ 08002

Owner in Fee: DICKSON, TARA L

Address 12 SADDLE LN CHERRY HILL NJ 08002

Email

Tel. [redacted]

Contractor: ALPHA MECHANICAL INC

Address 142 TOMS WELLS RD BERLIN NJ 08009

Email ALPHAMECHANICAL@MSN.COM

Tel. (609) 332-2900 Fax.

Contractor License No. Expiration Date:

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

Federal Emp. ID No. [redacted]

B. MECHANICAL CHARACTERISTICS

Use Group Present R-5 Proposed

Heating System ☐ New ☐ Modification to Existing ☐ Conversion ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other

Estimated Cost of Mechanical Work $1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW: Date Initial

☐ No Plan Required

☐ MECHANICAL PLANS APPROVED

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire ☐ Mechanical

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CA ☐ CCO

Date:

Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Gas Piping				
Appliance				
Chimnet/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CONDENSATE, REPLACEMENT A/C UNIT,

NO.	FIXTURES/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
1	Other Condensate	

Administrative Surcharge	
Minimum Fee	$60
State Permit Surcharge Fee	$3
TOTAL FEE	$63

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

Township of Cherry Hill

820 Mercer Street
P.O. Box 5002, Cherry Hill, NJ 08034

Zoning Approval

Permit Number:	DATE	Block	Lot	Existing Use	Proposed Use
2617	10/16/2006	286.29	18	sfr	shed

ConstControl:	PropStrNo:	Street Direction:	Property Street Name:
	12		Saddle La

Neighborhood	Subdivision	Zone
Cherry Hill	N/A	R2

THIS APPROVAL ALLOWS THE APPLICANT TO APPLY FOR A BUILDING PERMIT OR, IF NO FURTHER CONSTRUCTION IS REQUIRED, CERTIFICATE OF OCCUPANCY. NO USE OR CONSTRUCTION MAY COMMENCE WITHOUT ALL NECESSARY APPROVALS.

AppOwner	BrdApp	PB/ZB	App#	ApprDate
Yes	No			

Application First Name	Application Last Name	Telephone
Tara	Dickson	

Address	City	State	Zip
12 Saddle Lane	Cherry Hill	Nj	08002

Tara Dickson
Signature

Date 10/30/06

Owner Last Name	Owner First Name		
Address	**City**	**State**	**Zip**

Improve

APPROVED, as shown on attached survey (Floyd: 11-29-05), for a 8' x 12' x 8' installation of a shed in the rear yard with a minimum of five (5') feet from the property line(s), per Section 504 of the Zoning Ordinance. Cost: $10.00 residential fee.

Is a Survey Waiver Required?	No

Is this a corner lot?	No

Zoning Per. App. Review Date:	Zoning Permit No.	Zoning Permit Denial No.:
10/17/2006	0	0

Signature:

Date: 10-19-06

RECEIVED
OCT 16 2006
Community Development

Department of Community Development

820 Mercer Street, Cherry Hill, NJ 08002
856-488-7870(Phone) 856-661-4746(Fax)
www.CherryHill-NJ.com

2617

ZONING APPROVAL APPLICATION

PERMIT NO. 2617

ADDRESS: 12 Saddle Lane BLOCK: 286.29

ZONE: R2 LOT: 18

☐ NON-RESIDENTIAL (Fee: $25.00) ☒ RESIDENTIAL (Fee: $10.00)

EXISTING USE: primary residence

DESCRIPTION OF PROPOSED IMPROVEMENTS AND USE: addition of 8'x12' shed

☐ TENANT FIT-UP	☐ CHANGE OF USE	☐ CHANGE OF OCCUPANCY
☐ CHANGE OF OWNER	☐ FENCE	☐ POOL
☐ DECK/PATIO	☐ ACCESSORY USE	☐ ADDITION
☒ SHED	☐ NEW DWELLING	☐ OTHER

WILL TREES BE REMOVED? ☒ NO ☐ YES IF YES, HOW MANY? _____ # OF TREES

WAS A VARIANCE APPROVED FOR THIS PROPERTY? ☐ NO ☒ YES

IF YES: APPLICATION NO.: _____ DATE APPROVED: _____

APPLICANT:

NAME Tara Dickson

ADDRESS 12 Saddle Lane

CITY, STATE, ZIP Cherry Hill, NJ 08003 PHONE [redacted]

E-MAIL ADDRESS [redacted]

OWNER:

NAME Tara Dickson

ADDRESS 12 Saddle Lane

CITY, STATE, ZIP Cherry Hill, NJ 08003 PHON[redacted]

Notified BI Done 10-19-06

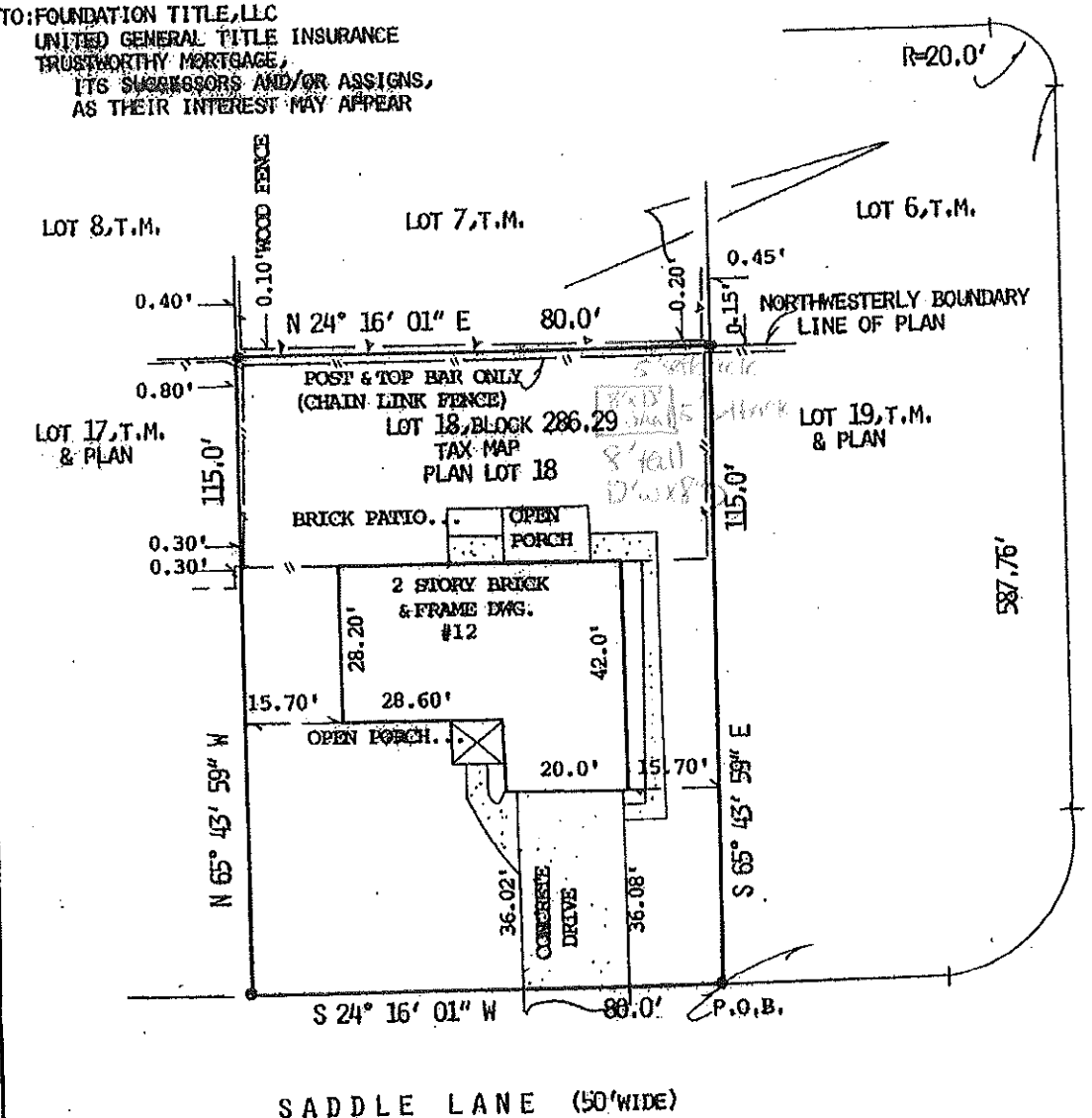
310

NOTE: UNDER AND SUBJECT TO ALL CONDITIONS, RESTRICTIONS AND EASEMENTS OF RECORD, WHERE APPLICABLE
MERIDIAN- DEED BASE XX TAX MAP BASE __ PLAN BASE __ FORMER SURVEY BASE__

O = REBAR / IRON PIPE SET
□ = CONCRETE MONUMENT SET

DESCRIPTION:BEING KNOWN AND DESIGNATED AS LOT 18,BLOCK 286.29 ON THE OFFICIAL TAX MAP.;A/K/A LOT 18,BLOCK 286-4F,PLAN OF LOTS,SECTION #4,SURREY TERRACE, MADE BY FISHER & SAMPSON.
AREA=9,200.0± S.F.

TO:FOUNDATION TITLE,LLC
UNITED GENERAL TITLE INSURANCE
TRUSTWORTHY MORTGAGE,
ITS SUCCESSORS AND/OR ASSIGNS,
AS THEIR INTEREST MAY APPEAR



TO THE OWNER:
TARA L.DICKSON

SURVEY OF PREMISES
NO.12 SADDLE LANE
SITUATE
TOWNSHIP OF CHERRY HILL
CAMDEN COUNTY, NEW JERSEY

TO THE INSURER OF TITLE relying hereon, in consideration of the fee paid for making this survey, in accordance with the discription furnished I hereby certify to its accuracy (except such easements, if any that may be located below the surface of the lands not visible) as an inducement for the Insurer of title to insure the title to the lands and premises shown hereon.

New Jersey
Lic. No 21759

ALBERT N. FLOYD & SON
LAND SURVEYORS
ALBERT N. FLOYD ... N.J. LIC. NO. 21759
ALBERT N. FLOYD, JR .N.J. LIC. NO. 36725
P.O. BOX 903, ELMER, NEW JERSEY 08318

DATE	SCALE	DRAWN	CHECKED	NUMBER
11/29/05	1"= 25'	S.M.F.	A.N.F.	05-1833