

dbrouse1@merchantvillenj.gov

From: Breean Stumpf <opra+request-46642-a6d8f3b6@requests.opramachine.com>
Sent: Monday, June 19, 2023 11:51 AM
To: OPRA requests at Merchantville Borough
Subject: OPRA request - OPRA/OPEN & CLOSE PERMITS - 13 W Cedar Ave, Merchantville, NJ 08109

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

Dear Merchantville 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: OPRA/OPEN & CLOSE PERMITS - 13 W Cedar Ave, Merchantville, NJ 08109

Yours respectfully,

Breean Stumpf

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-46642-a6d8f3b6@requests.opramachine.com

Is dbrouse@merchantvillenj.gov the wrong address for OPRA requests to Merchantville Borough? If so, please contact us using this form:

https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3dmerchantville_borough&c=E,1,BpuSTGuZkRq2lQdUaH4VPucYXJh1hhfW79zd8PCgleMqThnyDqs-PsTIJFqU-rMSsEA_pX6TstVvAEii98jDLQsSzN6aK2E3vWv43UCDZC4gCu4F7Ws,&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,Xt5erGkmy3oZG9cmM6V8vcu99X_SydqGJDQldk9WTodriFCy9Y4ZqguLDyLKVLFpKRMp7pRZjUZiAgUb6jduF7rDSFHU8AS5v2LATYVXg-b&typo=1

View this OPRA request & responses online:

https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2frequest%2fopraopen_close_permits_13_w_ceda&c=E,1,MnnqT1htPCJiXUk27TCFhUjyGPURXHO41C8PwdGrv2TcJKdSG62Pf9v63oGoCijhO2RiQYjd2zNkyCNwMAqBKzZ4uluweS7MFwzhle5&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.



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 50 Lot 1 Qualification Code 13 WEST CENTRAL AVE

Owner in Fee: JOSEPH A. CURRUPP

Tel. (609) 960-9293 e-mail

Address

Contractor: MLK ELECTRIC municipality MLK ELECTRIC Tel. (856) 542-1173 zip code 08106

Address 114 S. KOGAN AVE e-mail

Contractor License No. 9288 Exp. Date 3/24

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

Federal Emp. ID No. 22-3009120 FAX: ()

Use Group Present Proposed

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 14,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Underslab Utilities Approved

Date: Approved by:

☐ Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 2/15/23

Approved by: MLK

INSPECTIONS

Type:

☐ Rough

☐ Barrier-Free

☐ Trench

☐ Temp. Serv.

☐ Constr. Serv.

☐ TCO

☐ Other

☐ Service

☐ Final

Dates (Month/Day)

Failure

Failure

Approval

Initial

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 and perform the work listed on this application.

Applicant sign/Contractor

sign and seal here:

Print name here: Michael K Siarick

☒ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Removal of 1 - Whale House Foundation

QTY. 1 SIZE 140

ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UV Lights

Storage 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 A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service EX/ST/20A

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Date Received

Control #

Date Issued

Permit #

22-1333-B

3/1/2023

Michael K Siarick

22-1333-B

3/1/2023

Michael K Siarick

22-1333-B

3/1/2023

Michael K Siarick

22-1333-B

3/1/2023

Michael K Siarick

22-1333-B

3/1/2023

Michael K Siarick

22-1333-B

3/1/2023

Michael K Siarick

22-1333-B

3/1/2023

Michael K Siarick

22-1333-B

3/1/2023

Michael K Siarick

22-1333-B

3/1/2023

Michael K Siarick

22-1333-B

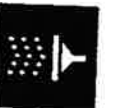
Administrative Surcharge \$ 260.00

Minimum Fee \$ 30.00

State Permit Surcharge Fee \$ 30.00



PLUMBING SUBCODE TECHNICAL SECTION



Permit Update

Date Received
Control #

Date Issued 3/1/2023
Permit # 22-1334B

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 and perform the work listed on this application.
Applicant sign/Contractor sign and seal here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Show Drawing with A&V's

QTY.

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

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

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

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

Block 50 Lot 1

Work Site Location 130 Cedar Ave Qualification Code 05102

Owner In Fee:

Tel. e-mail

Address e-mail

Contractor: Plumbing Meie Inc. Municipality Tel. zip code

Address 25 Walnut Ave e-mail

Contractor License No. 16540

Home Improvement Contractor Registration No. or Exemption Reason Exp. Date

Federal Emp. ID No. 134298436 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$ 100,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Underslab Utilities Approved

☐ Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL FOR PERMIT

Date: Approved by:

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: Approved by:

INSPECTIONS

Type: Failure Failure Approval Initial

Slab Rough Water Sewer Fixtures Gas Equipment Gas Piping LP Gas Tank Fuel Oil Piping Solar TCO Final

U.C.C. F130 (rev. 10/17)

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



PLUMBING 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 50 Lot 7 Qualification Code _____

Work Site Location 13 W. CEBAR AVE.

Owner In Fee: JOSEPH A. CUCZAPPE

Tel. (609) 980-9293 e-mail _____

Address _____

Contractor: PLUMBING MAINT INC Municipality _____ Tel. (609) 462-3500 Zip code _____

Address Merchandise Ave e-mail _____

Contractor License No. 10540 Exp. Date 6/03

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

Federal Emp. ID No. 134283436 FAX: (609) 665-1991

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
		Type:	Failure	Failure	Approval	Initial
☐ No Plans Required		Slab				
☐ Partial -Underslab Utilities Approved		Rough				
☐ Plumbing Plans Approved		Water				
Date: _____	Approved by: _____	Sewer				
Joint Plan Review Required:		Fixtures				
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Equipment				
SUBCODE APPROVAL for PERMIT		Gas Piping				
Date: _____		LP Gas Tank				
SUBCODE APPROVAL for CERTIFICATE		Fuel Oil Piping				
☐ CO ☐ CCO ☐ CA		Solar				
Date: _____		TCO				
Approved by: _____		Final				

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

Date Received

Control #

Date Issued

Permit #

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

D. TECHNICAL SITE DATA

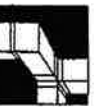
DESCRIPTION OF WORK

FEE (Office Use Only)

\$



MECHANICAL INSPECTION TECHNICAL SECTION



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

Block 50 Lot 7 Qualification Code _____

Work Site Location 13 WEST CEDAR AVE
MERCHANTVILLE, NJ 08109

Owner In Fee: JOSEPH A. CORCORAN
Tel. 609 980-9243 e-mail _____

Address SAME AS ABOVE street municipality zip code

Contractor: FORNOLD HVAC LLC Tel. 856 879-4773
Address 6 BARCLAY DRIVE e-mail fornold@sigdix.com

Contractor License No. 19HC00154500 Exp. Date 6/30/24

Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. 0450290790 FAX: _____

B. MECHANICAL CHARACTERISTICS
Use Group Present: R-3-or R-5

Heating System work: ☐ New or ☒ Modification to Existing or ☐ Conversion or ☒ Replacement
Type: ☐ Hydronic ☒ Hot Air

Fuel Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____

Estimated Cost of Mechanical Work \$ NOT TO EXCEED \$10,000

JOB SUMMARY (Office Use Only)
PLAN REVIEW ☐ No Plans Required

INSPECTIONS DATES
☐ Mechanical Plans Approved

Date: _____ Approved by: _____
Joint Plan Review Required: ☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.

☐ Elev. ☐ Tank ☐ Cooling/AC ☐ Generator ☐ Fireplace ☐ Chimney Cert. ☐ Other _____

SUBCODE APPROVAL FOR PERMIT 1440
SUBCODE APPROVAL FOR CERTIFICATE 1440
Date: 1/1/24 ☐ CA ☐ CC0

Approved by: _____ Final _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/contractor sign and seal here: JOSEPH CORCORAN

Print name here: JOSEPH CORCORAN

☐ Licensed Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replaced HTH + coil pump out drain
new new supply duct new electric
modified old duct hook up exist
new heat runs in floor 500 pipe
new high old duct on roof
concentric kit exhaust and intake

NO.

FIXTURE/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

\$ _____

☐ Other

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

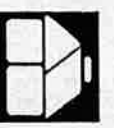
State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

19.00
84.00



BUILDING 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 50 Lot 7 Qualification Code _____

Work Site Location 1300 CEDAR AVE

Owner In Fee: JOSEPH A. CORZUPE

Tel. (609) 920-9203 e-mail JOSEPH@CORZUPE.COM

Address 1300 CEDAR AVE Zip code 08502

Contractor: JOSEPH A. CORZUPE Tel. (609) 920-9203

Address 1300 CEDAR AVE e-mail _____

Contractor License No. or Builder Registration No. 13000210500 Exp. Date 3/31/13

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

Federal Emp. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group Present 1-5 Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present 1B Proposed _____

If Industrialized Building: State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Rehabilitation \$ _____
3. Total (1+2) \$ 8500

U.C.C. F110 (rev. 12/07)

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

REPAIR EXISTING 7X18 ONE STORY PORTION OF ROOF SEE PLS. INSTALL NEW FOOTINGS, EMBER AND WALL FRAMING EXISTING ROOF STRUCTURE TO REMAIN. STANDARD FRAMING ON WALLS. SEE FRAMING DETAIL ATTACHED

FEE (Office Use Only)

TYPE OF WORK:

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

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

Date Received 11/26/12
Control # _____
Date Issued _____
Permit # 22-133