Lorraine Baker

From: Breean Stumpf <opra+request-53026-08441c74@requests.opramachine.com>
Sent: Tuesday, September 19, 2023 4:47 PM
To: GT Clerk
Subject: OPRA request - OPRA/OPEN & CLOSE PERMITS - 26 Shelly St, Sicklerville, NJ 08081

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: OPRA/OPEN & CLOSE PERMITS - 26 Shelly St, Sicklerville, NJ 08081

Yours respectfully,

Breean Stumpf

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-53026-08441c74@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
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/opraopen_close_permits_26_shelly

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.

15818/8

Interoffice
MEMORANDUM

To: **Nancy Power**, Township Clerk

From: Cookie Pessagno

Re: Records Request

Date: September 28, 2023,

Dear Nancy,

This letter is regarding the records request from Breean Stumpf for the information you requested at 26 Shelly St Block 15818 Lot 8. **Attached please find all the permits we have in our records for this property. There are no building Violation. 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. **20051848**
Control No. **36764**
Parcel(Block/Lot). **15818/8**
Applic/Issued. **8/31/05 / 10/06/05**

Construction Permit

Work Site Location 26 SHELLY ST, Sicklerivlle

Owner in Fee..... **K. Hovnanian**
Address..... 385 Oxford Valley Road
Yardley, PA 19049
Phone..... (856)229-5205

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

Permission is hereby granted to do the following work:

☑ BUILDING	☑ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☑ ELECTRIC	☑ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:
New Single Family Dwelling 1750 Model

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: $108,300

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	$647
Electrical	176
Plumbing	344
Fire Protection	204
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	79
Certificate of Occupancy	50
Other	0
Total	$1500
Check#/Cash.....	
Paid	$1500
Collected By	

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

Gloucester Township
BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receive 8/31/2005
Control # 36764

Date Issued 10/06/2005
Permit # 20051848

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

Block/Lot 15818/8

Work Site Location 26 SHELLY ST

Owner in Fee: K. Hovnanian

Tel. (856)229-5205 e-mail

Address: 385 Oxford Valley Road (Street) Yardley, PA 19049 (municipality, zip code)

Contractor: Tel.

Address: e-mail

Contractor License No. Exp. Date

Federal Emp. ID No. FAX

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Recuired
[ ] Elec. [ ] Plumb [ ] Fire [ ] Elevator

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Inital
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Final				
Other				

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed
Constr. Class Present VB Proposed
No. of Stories
Height of Structure FT
Area - Largest Floor Sq. Ft.
New Bldg. Area/All Floors 1870 Sq. Ft.
Volume of New Structure 29952 Cu. Ft.
Total Land Area Disturbet 1870 Sq. Ft.

Est. Cost of Bldg. Work :
1. New Bldg. $
2. Rehabilitation $
3. Total (1+2) $ 100,000

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

New Single Family Dwelling 1750 Model

TYPE OF WORK

- [ ] New Building
- [ ] Addition
- [ ] Rehabilation
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (exceeds 6')
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other
- [ ] Demolition

FEE (Office Use Only)

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

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

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

Gloucester Township
ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receive 8/31/2005
Control # 36764

Date Issued 10/06/2005
Permit # 20051848

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

Block/Lot 15818/8

Work Site Location 26 SHELLY ST

Owner in Fee: K. Hovnanian

Tel. (856)229-5205 e-mail

Address: 385 Oxford Valley Road (Street) Yardley, PA 19049 (municipality, 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 $ 3000 Descript: New Single Family Dwelling 1750 Model

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	FEE (Office Use Only)
		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	

Administrative Surcharge $ 0

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Inital
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

U.C.C. F120 (rev. 07105) Internet version

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

Gloucester Township
FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/31/2005
Control # 36764

Date Issued 10/06/2005
Permit # 20051848

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

Block/Lot 15818/8

Work Site Location 26 SHELLY ST

Owner in Fee: K. Hovnanian

Tel. (856)229-5205 e-mail

Address: 385 Oxford Valley Road (Street) Yardley, PA 19049 (municipality, zip code)

Contractor: Tel.

Address: , e-mail

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

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

Fire Alarm Contractor No. Exp. Date

Federal Emp. ID No. FAX

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5

Constr. Class Present VB Proposed

Heating System ☐ New ☐ Existing ☐ None ☐ HVAC

Type ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Other

Location

Fire Alarm System: [ ] New *OR* [ ] Existing

Location of Panel

Fire Suppression/Standpipe System:
☐ New ☐ Existing ☐ None

Location of Main Control Valve:

Fuel Storage Tank
Fuel Type ☐ Flamable ☐ Combustible ☐ None *Capacity*

Total Cost of Fire Protection Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Inital
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
Flam/Combust Tanks				
TCO				
Fireplace Venting				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Applicant's Signature/Contractor's Signature

☐ **Certified Contractor** ☐ **Exempt Applicant**

D.TECHNICAL SITE DATA
DESCRIPTION OF WORK:
New Single Family Dwelling 1750 Model

Water Supply Source
Method of Alarm/Suppression System Supervision

		FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
☐ **System**		
☐ **Interconnected 110 v**		
☐ **CO Detectors 110 v**		
Alarm Devices (i.e., smoke, heat, pulls, water/flow		
Supervisor Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression System		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Springler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		0
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

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

Gloucester Township
PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/31/2005
Control # 36764

Date Issued 10/06/2005
Permit # 20051848

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

Block/Lot 15818/8
Work Site Location 26 SHELLY ST

Owner in Fee: K. Hovnanian
Tel. (856)229-5205 e-mail
Address: 385 Oxford Valley Road (Street) Yardley, PA 19049 (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 $ 4800

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Inital
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
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	FEE (Office Use Only)
	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 $ 0
Minimum Fee $
State Permit Surcharge Fee $
Total Fees $

Description of Work:
New Single Family Dwelling 1750 Model

Applicant: When submitting this term 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. **20051848**
Control No. **36764**
Block/Lot 15818/8
Date 3/15/06

Certificate of Occupancy

IDENTIFICATION

Block/Lot 15818/8
Work Site Location 26 SHELLY ST
SICKLERVILLE, 08081
Owner in Fee/Occupant K. Hovnanian
Address 385 Oxford Valley Road
Yardley, PA 19049
Telephone (856)229-5205
Contractor
Address

Telephone FAX
Lic. No. or Bldrs. Reg. No. None
Federal Emp. No.

Home Warranty No. 01798289
Type of Warranty Plan: [ ] State [X] Private
Use Group R-5
Maximum Live Load 40
Construction Classification VB
Maximum Occupancy Load
Description of Work/Use:

New Single Family Dwelling 1750 Model

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 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

Permit Fee $ 1,500
Paid [ ] Check No.
Collected by:

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

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

Permit No. **20051848 1**
Control No. **38284**
Parcel(Block/Lot). **15818/8**
Applic/Issued. **3/14/06 / 3/15/06**

Construction Permit

Work Site Location 26 SHELLY ST, Sicklerivlle

Owner in Fee..... **K. Hovnanian**
Address..... 385 Oxford Valley Road
Yardley, PA 19049
Phone..... (856)229-5205

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

Permission is hereby granted to do the following work:

☐ BUILDING	☐ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☑ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:
Rain Sensor

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: $50

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	$0
Electrical	15
Plumbing	0
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	0
Certificate of Occupancy	0
Other	0
Total	$15
Check#/Cash.....	268
Paid	$15
Collected By	DS

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

Gloucester Township
ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receive 3/14/2006
Control # 38284

Date Issued 3/15/2006
Permit # 20051848 1

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

Block/Lot 15818/8

Work Site Location 26 SHELLY ST

Owner in Fee: K. Hovnanian

Tel. (856)229-5205 e-mail

Address: 385 Oxford Valley Road (Street) Yardley, PA 19049 (municipality, 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 $ 50 Descript: Rain Sensor

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	FEE (Office Use Only)
		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	
1		**Rain Sensor**	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Inital
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

U.C.C. F120 (rev. 07105) Internet version

Applicant: When submitting this term 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. **20090383**
Control No. **47131**
Parcel(Block/Lot). **15818/8**
Applic/Issued. **3/10/09 / 3/24/09**

Construction Permit

Work Site Location 26 SHELLY DRIVE

Owner in Fee..... **Barbara Horneff**
Address..... 26 Shelly Street
Sicklerville, NJ 08081
Phone..... (856)784-2031

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

Permission is hereby granted to do the following work:

☑ BUILDING	☐ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☐ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:
create an opening & install a 20"x36" framed picture window.

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: $600

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	$65
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	1
Certificate of Occupancy	0
Other	0
Total	$66
Check#/Cash.....	509
Paid	$66
Collected By	JA

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

Gloucester Township
BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receiv 3/10/2009
Control # 47131

Date Issued 3/24/2009
Permit # 20090383

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

Block/Lot 15818/8

Work Site Location 26 SHELLY DRIVE

Owner in Fee: Barbara Horneff

Tel. (856)784-2031 e-mail

Address: 26 Shelly Street (Street) Sicklerville, NJ 08081 (municipality, zip code)

Contractor: Tel.

Address: e-mail

Contractor License No. Exp. Date

Federal Emp. ID No. FAX

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Recuired
[ ] Elec. [ ] Plumb [ ] Fire [ ] Elevator

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Inital
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Final				
Other				

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed
Constr. Class Present 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.
Total Land Area Disturbet Sq. Ft.

Est. Cost of Bldg. Work :
1. New Bldg. $
2. Rehabilitation $ 600
3. Total (1+2) $ 600

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

create an opening & install a 20"x36" framed picture window.

TYPE OF WORK

- [ ] New Building
- [ ] Addition
- [x] Rehabilation
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (exceeds 6')
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8_
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other
- [ ] Demolition

FEE (Office Use Only)

	65

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

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

Applicant: When submitting this term 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. **20090383**
Control No. **47131**
Block/Lot 15818/8
Date 10/15/09

Certificate of Approval

IDENTIFICATION

Block/Lot 15818/8
Work Site Location 26 SHELLY DRIVE
SICKLERVILLE, 08081
Owner in Fee/Occupant Barbara Horneff
Address 26 Shelly Street
Sicklerville, NJ 08081
Telephone (856)784-2031
Contractor
Address
Telephone FAX
Lic. No. or Bldrs. Reg. No. None
Federal Emp. No.

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

create an opening & install a 20"x36" framed picture window.

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 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

Permit Fee $ 66
Paid [ ] Check No. 509
Collected by: JA

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

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

Permit No. **20220737**
Control No. **90288**
Parcel(Block/Lot). **15818/8**
Applic/Issued. **4/25/22 / 4/28/22**

Construction Permit

Work Site Location 26 SHELLY ST, SICKLERVILLE

Owner in Fee..... **HORNEFF, BARBARA**
Address..... 26 SHELLY STREET
SICKLERVILLE NJ 08081
Phone..... (609)923-6305

Contractor.... **Horizon Services**
Address..... 17 Roland Ave
Mt Laurel, NJ 08054
Phone.....(856)840-8400
Lic No..... **19HC00193700 - 6/30/24**
Fed Emp No. 364411626

Permission is hereby granted to do the following work:

☐ BUILDING	☑ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☑ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:
Gas Heater & AC Replacement w/ new switch & receptacle.

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: $14,742

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	$0
Electrical	80
Plumbing	75
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	28
Certificate of Occupancy	0
Other	0
Total	$183
Check#/Cash.....	002330
Paid	$183
Collected By	RR

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

Gloucester Township
ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receive 4/25/2022
Control # 90288

Date Issued 4/28/2022
Permit # 20220737

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

Block/Lot 15818/8

Work Site Location 26 SHELLY ST

Owner in Fee: HORNEFF, BARBARA

Tel. (609)923-6305 e-mail

Address: 26 SHELLY STREET (Street) SICKLERVILLE NJ 08081 (municipality) (zip code)

Contractor: Horizon Services Tel. (856)840-8400

Address: 17 Roland Ave, Mt Laurel, NJ 08054 e-mail

Contractor License No. Exp. Date

Federal Emp. ID No. 364411626 FAX. (856)231-4513

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/pad # ☐ Temporary Service ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500 Descript: Gas Heater & AC Replacement w/ new switc

h & receptacle.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Inital
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

U.C.C. F120 (rev. 07105) Internet version

Applicant: When submitting this form to your Local construction code Enforcement Officeplease provide one original plus three photocopies

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	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Pole	
		Motors—Fract. H	
		Emergency & Exit Lights	
		Communications Paints	
		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	$ 50
		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	
1	5	KW Central AC Unit	15
1	2	HP/KW Space Heater/Air Handler	15
		KW Baseboard Heat	
		HP Motors 11+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $ 0

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 80

Gloucester Township
PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/25/2022
Control # 90288

Date Issued 4/28/2022
Permit # 20220737

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

Block/Lot 15818/8
Work Site Location 26 SHELLY ST

Owner in Fee: HORNEFF, BARBARA
Tel. (609)923-6305 e-mail
Address: 26 SHELLY STREET (Street) SICKLERVILLE (municipality) NJ 08081 (zip code)
Contractor: Horizon Services Tel. (856)840-8400
Address: 17 Roland Ave, Mt Laurel, NJ 08054 e-mail
Contractor License No. Exp. Date
Federal Emp. ID No. 364411626 FAX (856)231-4513

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 $ 14242

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Inital
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
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	FEE (Office Use Only)
	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	
1	Other furnace/ac	65
1	Other condensate	10
	Administrative Surcharge $	0
	Minimum Fee $	
	State Permit Surcharge Fee $	
	Total Fees $	75

Description of Work:
Gas Heater & AC Replacement w/ new switch & receptacle.

Applicant: When submitting this term 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. **20220737**
Control No. **90288**
Block/Lot 15818/8
Date 8/18/22

Certificate of Approval

IDENTIFICATION

Block/Lot 15818/8
Work Site Location 26 SHELLY ST
SICKLERVILLE, 08081
Owner in Fee/Occupant HORNEFF, BARBARA
Address 26 SHELLY STREET
SICKLERVILLE NJ 08081
Telephone (609)923-6305
Contractor Horizon Services
Address 17 Roland Ave
Mt Laurel, NJ 08054
Telephone (856)840-8400 FAX
Lic. No. or Bldrs. Reg. No. None
Federal Emp. No. 364411626

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

Gas Heater & AC Replacement w/ new switch & receptacle.

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 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

Permit Fee $ 183
Paid [ ] Check No. 002330
Collected by: RR

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

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

Permit No. **20231811**
Control No. **95063**
Parcel(Block/Lot). **15818/8**
Applic/Issued. **9/20/23 / 9/21/23**

Construction Permit

Work Site Location 26 SHELLY STREET, SICKLERV

Owner in Fee..... **HORNEFF, BARBARA**
Address..... 26 SHELLY STREET
SICKLERVILLE NJ 08081
Phone..... (609)670-2144

Contractor.... **GALEZNIAK PLUMBING & HEATING**
Address..... 260 HARDING AVE
CLEMENTON, NJ 08021
Phone.....(856)718-2160
Lic No..... **11954 - 6/06/26**
Fed Emp No. 223251615

Permission is hereby granted to do the following work:

☐ BUILDING	☑ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☐ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:
replace power vent gas 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: $2,600

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	$0
Electrical	0
Plumbing	65
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	5
Certificate of Occupancy	0
Other	0
Total	$70
Check#/Cash.....	2122
Paid	$70
Collected By	CP

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

Gloucester Township
PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/20/2023
Control # 95063
Date Issued 9/21/2023
Permit # 20231811

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

Block/Lot 15818/8
Work Site Location 26 SHELLY STREET

Owner in Fee: HORNEFF, BARBARA
Tel. (609)670-2144 e-mail
Address: 26 SHELLY STREET (Street) SICKLERVILLE NJ 08081 (municipality) (zip code)
Contractor: GALEZNIAK PLUMBING & HEATING Tel. (856)718-2160
Address: 260 HARDING AVE, CLEMENTON, NJ 08021 e-mail
Contractor License No. Exp. Date
Federal Emp. ID No. 223251615 FAX (856)309-7171

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 $ 2600

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Inital
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
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	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Hose Bibb	
1	Water Heater	12
	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 power vent	
	Other	

Administrative Surcharge $	0
Minimum Fee $	65
State Permit Surcharge Fee $	
Total Fees $	65

Description of Work:
replace power vent gas water heater

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

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

History for Permit 20231811

26 SHELLY STREET **Unit**
SICKLERVILLE
replace power vent gas water heater

Block/Lot **15818/8**
Owner **HORNEFF, BARBARA**
26 SHELLY STREET
SICKLERVILLE NJ 08081
Application **9/20/23** Permit **9/21/23**

Inspections and Reviews

------- **Dates** ---------

Done	Sched	Permit No.	Type	Subcode	P/F	By	Comment
9/25/23	9/25/23	20231811	FIN	PLUM	P	VG	final lock 9432

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

9/27/23