

Lorraine Baker

From: Breean Stumpf <opra+request-32865-037dea35@requests.opramachine.com>
Sent: Tuesday, June 21, 2022 5:51 PM
To: GT Clerk
Subject: OPRA request - OPRA/OPEN & CLOSE PERMITS - 29 Randolph Dr, Sicklerville, NJ 08081

Categories: Red Category

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: OPRA/OPEN & CLOSE PERMITS - 29 Randolph Dr, Sicklerville, NJ 08081



Yours respectfully,

Breean Stumpf

15607/26

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-32865-037dea35@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_29_randol_3

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.

Received 6/22/22



Interoffice

MEMORANDUM

To: Nancy Power, Township Clerk

From: Cookie Pessagno

Re: Records Request

Date: Tuesday July 5, 2022

Dear Nancy,

This letter is regarding the records request from Breean Stumpf for information you requested **on address 29 Randolph Dr Block 15607 Lot 26. Please note Attached are all permits pulled on this property, the 1994-7131 permit is to old all information is lost in our computer. and no Building Violation. If you have any questions, please feel free 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. **19940713 1**Control No. **10707**Parcel(Block/Lot). **15607/26**Applic/Issued. **1/25/96 / 1/25/96****Construction Permit**Work Site Location **29 RANDOLPH DR**

Contractor....

Owner in Fee..... **TERRUCE CORP.**

Address.....

Address.....

Phone

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:

**SINGLE FAMILY DWELLING- NEWHOPE MODEL CHANGED
TO CARLYLE MODEL 1/25/96**

*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: **\$35,090**_____
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>0</u>
Plumbing	<u>0</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>\$0</u>

Check#/Cash.....

Paid

Collected By

Total Administrative Fee: \$0



Gloucester Township BUILDING SUBCODE TECHNICAL SECTION



Date Received **1/25/1996**
Control # **10707**
Date Issued **1/25/1996**
Permit # **19940713 1**

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

Block/Lot **15607/26**

Work Site Location **29 RANDOLPH DR**

Owner in Fee: **TERRUCE CORP.**

Tel. _____ e-mail _____

Address: _____ Street _____ Municipality _____ Zip code _____

Contractor: _____ Tel. _____

Address: _____ e-mail _____

Contractor License No. **13VH10727200** Exp. Date **3/31/23**

Federal Emp. ID No. _____ FAX _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	DATES (Month/Day)		
☐ No Plans Required	☐ All			Failure	Approval	Initial
☐ Footing	☐ Footing Bonding					
☐ Foundation	☐ Foundation					
☐ Frame	☐ Slab					
☐ Other	☐ Frame					
☐ Truss Sys./Bracing	☐ Truss Sys./Bracing					
☐ Barrier-Free	☐ Barrier-Free					
☐ Insulation	☐ Insulation					
☐ Finishes-Base Layer	☐ Finishes-Base Layer					
☐ Finishes-Final	☐ Finishes-Final					
☐ Energy	☐ Energy					
☐ Mechanical	☐ Mechanical					
☐ TCO	☐ TCO					
☐ Final	☐ Final					
☐ Other	☐ Other					

Joint Plan Review Required
☐ Elec. ☐ Plumb ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group Present **R-3** 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 Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg.	\$	_____
2. Rehabilitation	\$	_____
3. Total (1+2)	\$	35,090

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

**SINGLE FAMILY DWELLING- NEWHOPE MODEL
CHANGED TO CARLYLE MODEL 1/25/96**

TYPE OF WORK

- ☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
☐ 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 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. **20000643**Control No. **20723**Parcel(Block/Lot). **15607/26**Applic/Issued. **5/10/00 / 5/11/00****Construction Permit**Work Site Location **29 RANDOLPH DR, Township o**

Contractor....

Owner in Fee..... **Georgianna Varga**

Address.....

Address..... **29 Randolph Drive****Sicklerville, NJ 08081**

Phone

Phone **(856)374-3161**

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:

Deck

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: **\$5,650**

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>\$107</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>5</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$107</u>

Check#/Cash.....

Paid **\$107**

Collected By

Total Administrative Fee: \$0



Gloucester Township

BUILDING SUBCODE

TECHNICAL SECTION



Date Received **5/10/2000**
Control # **20723**
Date Issued **5/11/2000**
Permit # **20000643**

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

Block/Lot **15607/26**

Work Site Location **29 RANDOLPH DR**

Owner in Fee: **Georgianna Varga**

Tel. **(856)374-3161**

e-mail _____

Address: **29 Randolph Drive**

Sicklerville, NJ 08081

Street

municipality

zip code

Contractor: _____

Tel. _____

Address: _____ e-mail _____

Contractor License No. **13VH10727200**

Exp. Date **3/31/23**

Federal Emp. ID No. _____

FAX _____

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

Deck

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	_____	_____	Type: _____	Failure _____ Approval _____ Initial _____
☐ All	_____	_____	Footings	_____
☐ Footing	_____	_____	Footings Bonding	_____
☐ Foundation	_____	_____	Foundation	_____
☐ Frame	_____	_____	Slab	_____
☐ Other	_____	_____	Frame	_____
Joint Plan Review Required	_____	_____	Truss Sys./Bracing	_____
☐ Elec. ☐ Plumb ☐ Fire ☐ Elevator	_____	_____	Barrier-Free	_____
	_____	_____	Insulation	_____
	_____	_____	Finishes-Base Layer	_____
	_____	_____	Finishes-Final	_____
	_____	_____	Energy	_____
	_____	_____	Mechanical	_____
	_____	_____	TCO	_____
	_____	_____	Final	_____
	_____	_____	Other	_____

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group	Present	R-3	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	_____	Proposed	1. New Bldg. \$ _____
No. of Stories	_____	_____	_____	2. Rehabilitation \$ _____
Height of Structure	_____	_____	_____	3. Total (1+2) \$ 5,650
Area - Largest Floor	_____	_____	_____	
New Bldg. Area/All Floors	_____	_____	_____	
Volume of New Structure	_____	_____	_____	
Total Land Area Disturbed	_____	_____	_____	

TYPE OF WORK

- ☐ New Building
☐ Addition
☐ Rehabilitation
☐ 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 form to your local construction code Enforcement Office, please provide one original plus three photocopies

History for Permit

29 RANDOLPH DR
Township of Gloucester
Deck

20000643
Unit

Block/Lot 15607/26
Owner Georgianna Varga
29 Randolph Drive
Sicklerville, NJ 08081
Application 5/10/00 Permit 5/11/00

Inspections and Reviews

----- Dates -----								
Done	Sched	Permit No.	Type	Subcode	P/F	By	Comment	
5/23/00	5/16/00	20000643	FOOT	BLDG	P	***		
5/23/00	5/16/00	20000643	FOOT	BLDG	P	***		
5/25/00	5/24/00	20000643	FRAM	BLDG	P	***		
6/01/00	5/31/00	20000643	MISC	BLDG	P	***		

Gloucester Township

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

7/05/22

Gloucester Township

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

Permit No. **20000643**
Control No. **20723**
Block/Lot **15607/26**
Date **6/16/00**

Certificate of Approval

IDENTIFICATION

Block/Lot 15607/26
Work Site Location 29 RANDOLPH DR
Owner in Fee/Occupant Georgianna Varga
Address 29 Randolph Drive
Sicklerville, NJ 08081
(856)374-3161
Telephone _____
Contractor _____
Address _____
Telephone _____ FAX _____
Lic. No. or Bldrs. Reg. No. None
Federal Emp. No. _____

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
R-3
Use Group _____
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use: _____

Deck

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 \$

107

Paid [] Check No. _____

Collected by: _____