

ZONING ADMINISTRATIVE OFFICE
BOROUGH OF SWEDESBORO
GLOUCESTER COUNTY

No. 830

Plate.....Block 32 Lot 1.07

DATE 11-6-95

SECTION I. APPLICATION FOR ZONING PERMIT

Application is hereby made for a permit to build a single family home

on a lot located on the N.E. side of Glen Echo Ave street,
(N.S.E.W.)
number 5 Glen Echo Court between.....and.....streets,

in accordance with site plan as set forth below. The applicant agrees that such work will be done as described, and that it will comply with all provisions of the building code, zoning ordinance, and other applicable ordinances of the Borough of Swedesboro.

1. Owner's name and address Valley Glen Prop. Inc

2. Contractor's name and address P.O. Box 26, Swedesboro NJ

3. The proposed building has an area content of 1449 sq. feet, is to be used as a.....
Single Family House, and will accommodate.....family units.

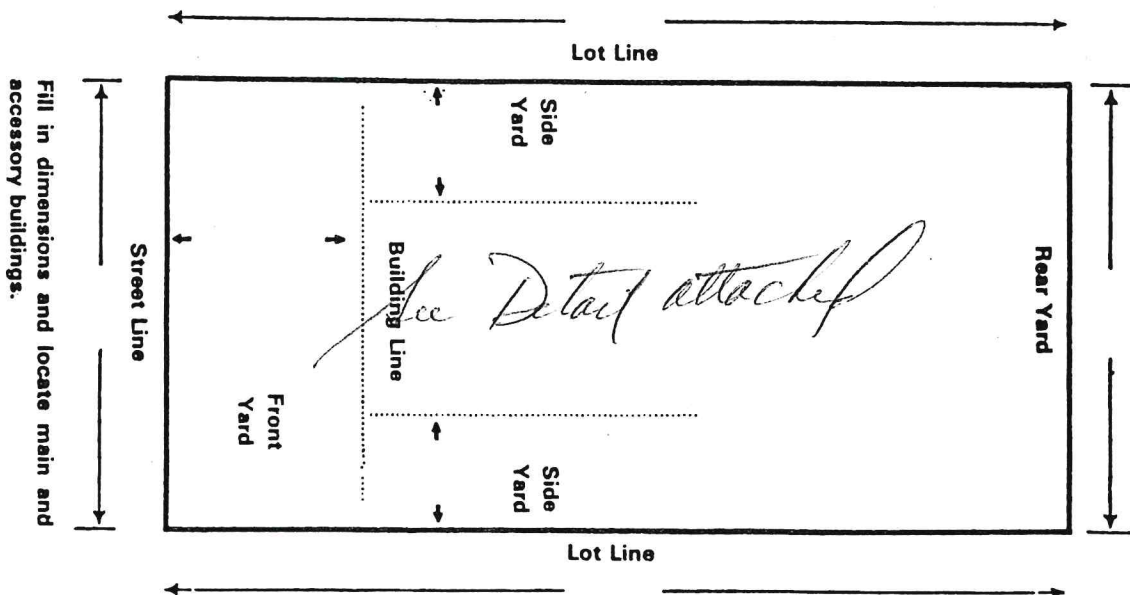
I certify that all information contained in this application is true. Any falsifications could subject the applicant to severe penalties.

George Amarakis
Signature.....
Address same as above

SECTION II.

Imanion Law, Date 11/6/95
Administrative Officer

Comments: Approved





GLOUCESTER COUNTY SOIL CONSERVATION DISTRICT

72 EAST HOLLY AVENUE, SUITE 1A, PITMAN, NEW JERSEY 08071
Telephone (609) 589-5250
FAX (609) 256-0488

REPORT OF COMPLIANCE

PROJECT: Valley Glen Sec 1

APPLICATION No. 94-143-25

MUNICIPALITY: Borough of Swedesboro

BUILDER: _____

<u>BLOCK</u>	<u>LOT</u>	<u>STREET ADDRESS</u>
32.02	4	12 Valley Glen Dr
32.02	3	10 Valley Glen Dr
32	1.07	5 Glen Echo Ct

*Pending the establishment of permanent vegetation and continued compliance.

☒ CONDITIONAL COMPLIANCE*

☐ COMPLETE COMPLIANCE

This certifies that the Soil Erosion and Sediment Control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the Soil Erosion and Sediment Control Plans as certified by the Gloucester Soil Conservation District and required by the Soil Erosion and Sediment Control Act of 1975 as amended (N.J.S.A. 4:24-39 et seq.)



CERTIFICATE

Date Issued 4/17/96
Control #
Permit # 124-95

IDENTIFICATION

Block 32 Lot 107
Work Site Location 5 Glen Echo Court
Swatara, New Jersey 08085
Owner in Fee Valley Glen Properties, Inc.
Address P.O. Box 26
Swatara, New Jersey 08085
Tele. (609) 241-0500
Contractor Valley Glen Builders
Address P.O. Box 156
Pitman, New Jersey 08071
Tele. (609) 586-5838
Lic. No. or Bldrs. Reg. No. 26712
Federal Emp. No. 22 32 60671
or Social Security No. _____

Home Warranty No. 118210 3/25/96
Type of Warranty Plan: ☒ State ☐ Private
Use Group R-3
Maximum Live Load 40lb
Construction Classification 5-13
Maximum Occupancy Load 5
Description of Work/Use:

Residence

☒ 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 _____, 19____ or the owner will be subject to fine or order to vacate:

☐ 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 _____.

CONSTRUCTION OFFICIAL

Fee \$ Permit
Paid ☐ Check No. _____
Collected by: _____



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

11/9/95
11/20/95
124-95

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

Block 32 Lot 1.07
Work Site Location Valley Glen Homes
Glen Echo Ave Swedesboro N.J. 08085
Owner in Fee Valley Glen Prop. Inc
Address P.O. Box 26
Swedesboro N.J. 08085
Tele. (609) 241-0500
Contractor Kantor Devel Inc
Address P.O. Box 26
Swedesboro N.J.
Tele. (609) 241-0500
Lic. No. or Bldrs. Reg. No. 009051
Federal Emp. No. _____ or Social Security No. _____

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

2 story New Home
w/ BSMNT
TAHOE
Prototype

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type:	Failure Failure Approval Initial
☒ All <u>Prototype</u>	<u>11/24/95</u>	<u>[Signature]</u>	Footing	<u>11/18/95</u> <u>[Signature]</u>
☐ Footing			Foundation	<u>1/28/96</u> <u>[Signature]</u>
☐ Foundation			Slab	<u>3/2/96</u> <u>[Signature]</u>
☐ Frame			Frame	<u>3/16/96</u> <u>[Signature]</u>
☐ Other			Insulation	
Joint Plan Review Required:			Finishes:	
☐ Elec. ☐ Plumb. ☐ Fire			Energy	
SUBCODE APPROVAL			Mechanical	
☒ CO ☐ CCO ☐ CA			TCO	
Date: <u>4/17/96</u>			Other	
Approved By: <u>[Signature]</u>			Final	<u>4/10/96</u> <u>4/17/96</u> <u>[Signature]</u>

B. BUILDING CHARACTERISTICS

Use Group 3 Present R Proposed R3
Constr. Class Present _____ Proposed _____
No. of Stories 2.6
Height of Structure _____ Ft.
Area—Largest Floor 748 Sq. Ft.
New Bldg. Area/All Floors 1449 Sq. Ft.
Volume of New Structure 25,000 Cu. Ft.
Total Land Area Disturbed 1783 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 54,500
2. Alteration \$ _____
3. Total (1+2) \$ 54,500

2/21/94 Basement Floor (C)
3/4/94 Garage Floor (C)

TYPE OF WORK:

☒ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Fence _____ Height (6' or over)
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Asbestos Abatement
☐ Other _____
☐ Other _____
☐ Demolition

(Office Use Only)

FEE
\$ 201

Administrative Surcharge \$ _____
Paid ☐ Check # 1215 Minimum Fee \$ 40.00
Collected by: [Signature] DCA TRAINING FEE \$ _____
TOTAL FEE \$ 551.00

1241.00 241.50.00
201.00

U.C.C. Form F-110B

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received 2/21/96
Date Issued 2/21/96
Control # Update
Permit # 124-95

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

Block 32 Lot 107
Work Site Location 5 Glen Echo CT
Sweedesboro N.J. 08085
Owner in Fee KANEY Glen Prop. Inc.
Address P.O. Box 26
Sweedesboro NJ 08085
Tele. (609) 241-0502
Contractor PLASKEE ELECTRIC INC.
Address 247 Broad St P.O. Box 365
Sweedesboro N.J. 08085
Tele. (609) 467-4937
Lic. No. 12652
Federal Emp. No. 22-3272892 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 350

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)			
		Type:	Failure	Approval	Initial
[] No Plans Required	Rough	_____	_____	_____	_____
Joint Plan Review Required:	Temporary	_____	_____	_____	_____
[] Bldg. [] Plumb.	Constr. Serv.	_____	_____	_____	_____
[] Fire [] Elevator	TCO	_____	_____	_____	_____
[] Elec. Plans Approved	Other	_____	_____	_____	_____
Date: _____	Service	_____	_____	_____	_____
Approved by: _____	Final	_____	_____	_____	_____

SUBCODE APPROVAL
[] CO [] CCO [] CA
Date: 1-11-96
Approved By: [Signature]

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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.

[Signature]
Signature—Contractor Seal

[] Licensed Electrical Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
_____	_____	Fixtures (1)
_____	_____	Receptacles (2)
_____	_____	Switches (3)
_____	_____	Total 1 + 2 + 3
_____	_____	Kw Range
_____	_____	Kw Oven(s)
_____	_____	Kw Surface Unit
_____	_____	hp Dishwasher
_____	_____	hp Garbage Disposal
_____	_____	Kw Dryer
_____	_____	Kw A/C Unit
_____	_____	Burglar Alarms
_____	_____	Intercoms Panels
_____	_____	Smoke Detectors
_____	_____	hp Whirlpool/spa
_____	_____	Pool Bonding
_____	_____	hp Pool Filter Motor
_____	_____	Pool Lights
_____	_____	Kw Water Heater(s)
_____	_____	Kw Central heat:
_____	_____	oil, gas or elec.
_____	_____	Kw Baseboard Heat Units
_____	_____	Thermostats
_____	_____	hp Heat Pump
_____	_____	hp Pump(s)
_____	_____	Amp Motor Control Center/Sub Panels
_____	_____	Signs
_____	_____	Light Standards
_____	_____	hp Motors—Fractional H.P.
_____	_____	hp Motors—All Others
_____	_____	Kw Transformers
_____	_____	Kw Generators
_____	_____	Amp Service Entrance
<u>1</u>	_____	Other <u>Septic Pump</u>

FEE (Office Use Only)

Paid [] Check # <u>1344</u>	Administrative Surcharge	\$ _____
	Minimum Fee	\$ _____
	DCA Training Fee	\$ _____
Collected by: <u>[Signature]</u>	TOTAL FEE	\$ <u>46.00</u>

U.C.C. Form F-1208

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received 11/22/95
Date Issued 11/29/95
Control #
Permit #

124-95 Update

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

Block 32 Lot 1.07
Work Site Location Valley Glen Home
Owner in Fee Valley Glen Prop. Inc.
Address P.O. Box 26
Sumedboro, N.J.
Tele. ()
Contractor SAL'S PLUMBING SERVICE INC.
Address Rt 1 Box 313
Sumedboro N.J. 08085
Tele. (609) 467-0527
Lic. No. 7714
Federal Emp. No. 22-2951090 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4" ABS Public Sewer _____ Private Septic _____
Water Service Size 1" poly Public Water _____ Private Well _____
Estimated Cost of Plumbing Work \$ 2000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)
[] No Plans Required <i>Photo type</i>	Type:	Failure Approval Initial
Joint Plan Review Required:	Slab	_____
[] Bldg. [] Elec.	Rough	<u>2-15-96</u> <i>JS</i>
[] Fire [] Elevator	Water	<u>3-26-96</u> <i>JS</i>
[] Plumb. Plans Approved	Sewer	<u>3-26-96</u> <i>JS</i>
Date: _____	Fixtures	<u>4-11-96</u> <i>JS</i>
Approved by: _____	Gas Equipment	<u>4-11-96</u> <i>JS</i>
	Gas Piping	<u>2-15-96</u> <i>JS</i>
	Solar	_____
SUBCODE APPROVAL:	TCO	_____
[] CO [] CCO [] CA <i>JS</i>		
Approved By: _____		
Date: <u>4-11-96</u> <i>JS</i>		

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.

Salvatore P. Pirogalla
Signature—Contractor Seal

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>3</u>	Water Closet	_____
<u>2</u>	Urinal/Bidet	_____
<u>3</u>	Bath Tub	_____
	Lavatory	_____
	Shower	_____
	Floor Drain	_____
<u>2</u>	Sink	_____
<u>1</u>	Dishwasher	_____
	Drinking Fountain	_____
<u>1</u>	Washing Machine	_____
<u>2</u>	Hose Bibb	_____
<u>1</u>	Water Heater	_____
	Fuel Oil Piping	_____
☒	Gas Piping	_____
	Steam Boiler	_____
	Hot Water Boiler	_____
	Sewer Pump	_____
	Interceptor/Separator	_____
	Backflow Preventer	_____
	Greasetrap	_____
	Water Cooled A/C	_____
	or Refrigeration Unit	_____
☒	Sewer Connection	_____
☒	Water Service Connection	_____
	Active Solar System	_____
	Other	_____

Administrative Surcharge \$ 375.00
Paid ☒ Check # 1224 Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by: *JS* TOTAL \$ _____

-20% = 300.00



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 11/24/98
Date Issued 11/29/98
Control #
Permit # 124-95

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

Block 32 Lot 107
Work Site Location Valley Glen Homes
Glen Echo Ave Swedesboro NJ
Owner in Fee Valley Glen Prop. Inc
Address P.O. Box 26
Swedesboro N.J.
Tele. () _____
Contractor PLASKET ELECTRIC INC.
247 BROAD STREET
P.O. BOX 365
SWEDESBORO, NJ 08085
(609) 492-2227
Address _____
Tele. () _____
Lic. No. NJ LICENCE & PERMIT #125
FED ID #27-3072692
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group _____, Present _____ Proposed _____
Constr. Class. _____ Present _____ Proposed _____
Heating Systems [] New [] Existing
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ 250 [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW: Proto-type INSPECTIONS: _____
[] No Plans Required _____
Joint Plan Review Required: _____
[] Bldg. [] Plumb. _____
[] Elec. [] Elevator _____
[] Fire Plans Approved _____
Date: _____
Approved by: _____
SUBCODE APPROVAL: _____
[X] CO [] CCO [] CA 4/15/96
Date: _____
Approved by: parts

Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test	<u>4/15/96</u>		<u>4/15/96</u>	<u>GD</u>
Smoke Test				
Mechanical			<u>4/15/96</u>	<u>GD</u>
TCO				
Other				
Other				
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.

William B. P...
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks _____
Combustible Liquid Storage Tanks _____
L.P.G. Storage Tanks _____
L.N.G. Storage Tanks _____

() Capacity _____ Fuel _____
() Capacity _____ Fuel _____
() Capacity _____ Fuel _____
() Capacity _____ Fuel _____

	Number
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
TOTAL	_____
Smoke Detectors	<u>5</u>
Heat Detectors	_____
TOTAL	_____
Stand Pipes	_____
Kitchen Hood Exhaust Systems	_____
Pre-Engineered Systems	_____
CO ₂ Suppression	_____
Halon Suppression	_____
Foam Suppression	_____
Dry Chemical	_____
Wet Chemical	_____
Gas or Oil Fired Appliance	_____
OTHER	_____

FEE (Office Use Only)

Paid [] Check # 1024 Administrative Surcharge \$ _____
Minimum Fee \$ 203.00
DCA Training Fee \$ 40.00
Collected by: [Signature] TOTAL FEE \$ 243.00