Interoffice
MEMORANDUM

To: **Nancy Power**, Township Clerk

From: Cookie Pessagno

Re: Records Request

Date: Monday July 17, 2023,

Dear Nancy,

This letter is regarding the records request from Breean Stumpf for the information you requested on. **87 Knoll Dr Block 20802 Lot 27. Attached please find all permits we have on this property. The permit 2021-0907 is still open and needs a final inspection to close. No Building Violations. 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. **20070692**
Control No. **41905**
Parcel(Block/Lot). **20802/27**
Applic/Issued. **4/26/07 / 5/04/07**

Construction Permit

Work Site Location 87 KNOLL DR, Unit 87

Owner in Fee..... **SCULLIN TERESDA M**
Address..... 87 KNOLL DRIVE
BLACKWOOD NJ, 08012
Phone..... (856)228-3305

Contractor.... **TORTORICE CONTRACTOR**
Address..... 161 BLACKWOOD/BARNSBORO R
SEWELL, NJ 08080
Phone.....(856)232-2222
Lic No..... **13VH00345900- 3/31/18**
Fed Emp No. 222500646

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:
Roof Replacement

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: $2,201

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	$50
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	3
Certificate of Occupancy	0
Other	0
Total	$53
Check#/Cash.....	1139
Paid	$53
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 Receive 4/26/2007
Control # 41905

Date Issued 5/04/2007
Permit # 20070692

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

Block/Lot 20802/27

Work Site Location 87 KNOLL DR 87

Owner in Fee: SCULLIN TERESDA M

Tel. (856)228-3305 e-mail

Address: 87 KNOLL DRIVE (Street) BLACKWOOD NJ, 08012 (municipality) (zip code)

Contractor: TORTORICE CONTRACTOR Tel. (856)232-2222

Address: 161 BLACKWOOD/BARNSBORO R, SEWELL, NJ e-mail

Contractor License No. 13VH00345900- 3/31/18 Exp. Date

Federal Emp. ID No. 222500646 FAX (856)232-7343

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-2 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 $ 2,201
3. Total (1+2) $ 2,201

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

Roof Replacement

TYPE OF WORK

- [ ] New Building
- [ ] Addition
- [ ] Rehabilation
- [x] 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)

	50

Administrative Surcharge $	0
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	50

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. **20070692**
Control No. **41905**
Block/Lot 20802/27
Date 7/17/07

Certificate of Approval

IDENTIFICATION

Block/Lot 20802/27
Work Site Location 87 KNOLL DR, Unit 87
BLACKWOOD, 08012
Owner in Fee/Occupant SCULLIN TERESDA M
Address 87 KNOLL DRIVE
BLACKWOOD NJ, 08012
Telephone (856)228-3305
Contractor TORTORICE CONTRACTOR
Address 161 BLACKWOOD/BARNSBORO R
SEWELL, NJ 08080
Telephone (856)232-2222 FAX
Lic. No. or Bldrs. Reg. No. 13VH00345900- 3/31/18
Federal Emp. No. 222500646

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-2
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:
Roof Replacement

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

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

Permit Fee $ 53
Paid [ ] Check No. 1139
Collected by: JA

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

Permit No. **20130045**
Control No. **54127**
Parcel(Block/Lot). **20802/27**
Applic/Issued. **8/23/11 / 1/16/13**

Construction Permit

Work Site Location 87 KNOLL DR, 08012 Blackwo

Owner in Fee..... **SCULLIN TERESA M**
Address..... 87 KNOLL DRIVE
BLACKWOOD NJ 08012
Phone..... (856)228-3305

Contractor.... **DJ Wagner**
Address..... 30 Cutler Ave
Westville, NJ 08093
Phone..... (856)853-6201
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:
Replace gas furnace & AC

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: $1,800

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	65
Plumbing	65
Fire Protection	65
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	3
Certificate of Occupancy	0
Other	0
Total	$198
Check#/Cash.....	50941
Paid	$198
Collected By	JA

Total Administrative Fee: $0

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

Gloucester Township
ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receive 8/23/2011
Control # 54127

Date Issued 1/16/2013
Permit # 20130045

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

Block/Lot 20802/27

Work Site Location 87 KNOLL DR

Owner in Fee: SCULLIN TERESA M

Tel. (856)228-3305 e-mail

Address: 87 KNOLL DRIVE (Street) BLACKWOOD NJ 08012 (municipality, zip code)

Contractor: RG ELECTRIC Tel. (609)261-8352

Address: 2214 CRAIG DR, HAINSPORT, NJ e-mail

Contractor License No. 6513- / / 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 $ 750 Descript: Replace gas furnace & AC

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	
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 $ 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
FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/23/2011
Control # 54127

Date Issued 1/16/2013
Permit # 20130045

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

Block/Lot 20802/27

Work Site Location 87 KNOLL DR

Owner in Fee: SCULLIN TERESA M

Tel. (856)228-3305 e-mail

Address: 87 KNOLL DRIVE (Street) BLACKWOOD NJ 08012 (municipality, zip code)

Contractor: D.J. WAGNER HEATING & AIR CONDITION Tel. (856)853-6201

Address: 30 CUTLER AVE, WESTVILLE NJ 08093 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. 223216039 FAX

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed R-5

Constr. Class Present ____ 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 $ 1000

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:
Replace gas furnace & AC

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	1	46
Fireplace Venting/Metal Chimney		
Other		

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

Applicant: When submitting this term 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 8/23/2011
Control # 54127

Date Issued 1/16/2013
Permit # 20130045

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

Block/Lot 20802/27
Work Site Location 87 KNOLL DR

Owner in Fee: SCULLIN TERESA M
Tel. (856)228-3305 e-mail
Address: 87 KNOLL DRIVE (Street) BLACKWOOD NJ 08012 (municipality, zip code)
Contractor: D.J. WAGNER HEATING & AIR CONDITION Tel. (856)853-6201
Address: 30 CUTLER AVE, WESTVILLE NJ 08093 e-mail
Contractor License No. Exp. Date
Federal Emp. ID No. 223216039 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 $ 50

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 condnste replac	
	Other	

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

Description of Work:
Replace gas furnace & AC

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. **20130045**
Control No. **54127**
Block/Lot 20802/27
Date 4/18/13

Certificate of Approval

IDENTIFICATION

Block/Lot 20802/27
Work Site Location 87 KNOLL DR
BLACKWOOD, 08012
Owner in Fee/Occupant SCULLIN TERESA M
Address 87 KNOLL DRIVE
BLACKWOOD NJ 08012
Telephone (856)228-3305
Contractor DJ Wagner
Address 30 Cutler Ave
Westville, NJ 08093
Telephone (856)853-6201 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:

Replace gas furnace & AC

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

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

Permit Fee $ 198
Paid [ ] Check No. 50941
Collected by: JA

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

Permit No. **20210907**
Control No. **87107**
Parcel(Block/Lot). **20802/27**
Applic/Issued. **5/11/21 / 5/12/21**

Construction Permit

Work Site Location 87 KNOLL DR, BLACKWOOD

Owner in Fee..... **TALOTTI ROSEMARIE**
Address..... 87 KNOLL DRIVE
BLACKWOOD NJ 08012
Phone.....

Contractor.... **CODY CONSTRUCTION LLC**
Address..... 1766 CONGRESS DRIVE
TURNERSVILLE, NJ 08012
Phone.....(856)218-0407
Lic No..... **13VH01118500 - 3/31/22**
Fed Emp No. 144486784

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 Roof

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: $2,875

OPeN
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	5
Certificate of Occupancy	0
Other	0
Total	$70
Check#/Cash.....	4694
Paid	$70
Collected By	RR

Total Administrative Fee: $0

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

Gloucester Township
BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receive 5/11/2021
Control # 87107

Date Issued 5/12/2021
Permit # 20210907

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

Block/Lot 20802/27

Work Site Location 87 KNOLL DR

Owner in Fee: TALOTTI ROSEMARIE

Tel. _____ e-mail _____

Address: 87 KNOLL DRIVE (Street) BLACKWOOD NJ 08012 (municipality) (zip code)

Contractor: CODY CONSTRUCTION LLC Tel. (856)218-0407

Address: 1766 CONGRESS DRIVE, TURNERSVILLE, NJ 08 e-mail _____

Contractor License No. 13VH01118500- 3/31/18 Exp. Date _____

Federal Emp. ID No. 144486784 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 $ 2,875
3. Total (1+2) $ 2,875

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 Roof

TYPE OF WORK

- [ ] New Building
- [ ] Addition
- [ ] Rehabilation
- [x] 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)

	50

Administrative Surcharge $	0
Minimum Fee $	65
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