

Lorraine Baker

From: Tim Will <opra+request-59283-6ec287b1@requests.opramachine.com>
Sent: Thursday, March 7, 2024 8:01 PM
To: GT Clerk
Subject: OPRA request - ORPA

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:

Any outstanding or missing permits for work done on 1004 Arline Avenue, Glendora

Please and thank you, 205-16

Tim Will

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:

opra+request-59283-6ec287b1@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/orpa>

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.



Interoffice

MEMORANDUM

To: Nancy Power, Township Clerk

From: Cookie Pessagno

Re: Records Request

Date: March 18, 2024,

Dear Nancy,

This letter is regarding the records request from Tim Will. Attached please find all the information you requested for the address of 1004 Arline Ave Block 205 Lot 16. **Attached please find all permits we have on this property. 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. **20031846**

Control No. **30827**

Parcel(Block/Lot). **205/16**

Applic/Issued. **10/16/03 / 10/17/03**

Construction Permit

Work Site Location **1004 ARLINE AVE, GLENDORA**

Contractor....

Owner in Fee..... **JAMES GALLO**

Address.....

Address..... **1004 ARLINE AVENUE**

GLENDORA, NJ 08029

Phone.....

Phone..... **(856)312-0270**

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:

Alterations- REPLACING 100 AMP PANEL.

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: **\$165**

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>46</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>\$46</u>

Check#/Cash.....

Paid **\$46**

Collected By

Total Administrative Fee: \$0



Gloucester Township 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/Lot 205/16

Work Site Location 1004 ARLINE AVE

Owner in Fee: JAMES GALLO
Tel. (856)312-0270 e-mail

Address: 1004 ARLINE AVENUE GLENDORA, NJ 08029
Street Municipality zip code

Contractor: Tel. e-mail

Address: Exp. Date

Contractor License No. Proposed R-3

Federal Emp. ID No. FAX.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Temporary Service Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 165 Descript: Alterations- REPLACING 100 AMP PANEL.

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
[] No Plans Required	Date Initial	Type:	Failure	Approval	Initial
Joint Plan Review Required:		Rough			
[] Building [] Plumbing		Barrier-Free			
[] Fire [] Elevator		Trench			
[] Elec. Plans Approved		Temp. Serv.			
Date:		Constr. Serv.			
Approved by:		TCO			
		Other			
		Service			
		Final			
		Barrier-Free			
SUBCODE APPROVAL		Temp. Cut-in-Card Date Issued			
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued			
Date:		Annual Pool Inspection			
Approved by:		Date of Grounding and Bonding			
		Certification			

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

Date Received 10/16/2003
Control # 30827

Date Issued 10/17/2003
Permit # 20031846

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 Applic

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS
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

\$

FEE (Office Use Only)

Administrative Surcharge \$ 0

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

Gloucester Township

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

Permit No. **20031846**
Control No. **30827**
Block/Lot **205/16**
Date **11/25/03**

Certificate of Approval

IDENTIFICATION

Block/Lot **205/16**
Work Site Location **1004 ARLINE AVE
GLENDDORA, 08029**
Owner in Fee/Occupant **JAMES GALLO**
Address **1004 ARLINE AVENUE
GLENDDORA, NJ 08029**
Telephone **(856)312-0270**
Contractor _____
Address _____
Telephone _____ FAX _____
Lic. No. or Bldrs. Reg. No. **None**
Federal Emp. No. _____

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: _____

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

Alterations- **REPLACING 100 AMP PANEL.**

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 _____

46

Permit Fee \$ _____

Paid [] Check No. _____

Collected by: _____

James T. Gallagher, Construction Official

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. **20230825**
Control No. **93826**
Parcel(Block/Lot). **205/16**
Applic/Issued. **5/02/23 / 5/09/23**

Construction Permit

Work Site Location 1004 ARLINE AVENUE, GLENDORA Contractor... BOVIO- RUBINO SERVICE CO.
Owner in Fee..... RUSSELL JONATHAN & REBECCA Address..... 1255 HADDONFIELD BERLIN
Address..... 1004 ARLINE AVENUE VOORHEES, NJ 08043
GLENDORA NJ 08029
Phone..... (856)740-3600
Phone..... (856)430-7351 Lic No..... 19HC00194400 - 6/30/24
Fed Emp No. 462942466

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:

HVAC Replacement, (1) 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: \$15,660

PAYMENTS * (Office Use Only)

Building	<u>\$0</u>
Electrical	<u>65</u>
Plumbing	<u>75</u>
Fire Protection	<u>0</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>30</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$170</u>

Check#/Cash.....	<u>5649</u>
Paid	<u>\$170</u>
Collected By	<u>CP</u>

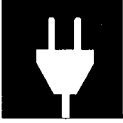
Total Administrative Fee: \$0

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*



Gloucester Township
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/Lot 205/16

Work Site Location 1004 ARLINE AVENUE

Owner in Fee: RUSSELL JONATHAN & REBECCA

Tel. (856)430-7351 e-mail

Address: 1004 ARLINE AVENUE GLENDORA NJ 08029
Street Municipality Zip code

Contractor: RUBINO ELECTRIC SERVICE COMPANY Tel. (856)795-3226

Address: 1255 BERLIN RD, VOORHEES, NJ 08043 e-mail info@rubinoserv.com

Contractor License No. Exp. Date

Federal Emp. ID No. 451988115 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 \$ 14660 Descript: HVAC Replacement, (1) Receptacle

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
[] No Plans Required	Date Initial	Type:	Failure	Approval	Initial
Joint Plan Review Required:		Rough			
[] Building [] Plumbing		Barrier-Free			
[] Fire [] Elevator		Trench			
[] Elec. Plans Approved		Temp. Serv.			
Date:		Constr. Serv.			
Approved by:		TCO			
		Other			
		Service			
		Final			
		Barrier-Free			
SUBCODE APPROVAL		Temp. Cut-in-Card Date Issued			
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued			
Date:		Annual Pool Inspection			
Approved by:		Date of Grounding and Bonding			
		Certification			

U.C.C. F120 (rev. 07105) Applicant: When submitting this form to your Local construction code Enforcement Office please provide one original plus three photocopies

Date Received 5/02/2023
Control # 93826

Date Issued 5/09/2023
Permit # 20230825

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 Applic

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

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 UJW 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 \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



Gloucester Township
PLUMBING SUBCODE
TECHNICAL SECTION



5/02/2023
93826
5/09/2023
20230825

Date Received
Control #
Date Issued
Permit #

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

Block/Lot #205/16
Work Site Location 1004 ARLINE AVENUE

Owner in Fee: RUSSELL JONATHAN & REBECCA

Tel. (856)430-7351 e-mail

Address: 1004 ARLINE AVENUE GLENDORA NJ 08029
Street Municipality zip code

Contractor: BOVIO- RUBINO SERVICE CO. Tel. (856)740-3600

Address: 1255 HADDONFIELD BERLIN, VOORHEES, NJ 08 e-mail energy@bovio.com

Contractor License No. 13VH07579800- / / Exp. Date

Federal Emp. ID No. 462942466 FAX (856)740-3800

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 \$ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
[] No Plans Required	Date Initial	Type:	Failure	Approval	Initial
Joint Plan Review Required:					
[] Building [] Plumbing		Slab			
[] Fire [] Elevator		Rough			
[] Plumbing Plans Approved		Water			
		Sewer			
		Fixtures			
Date:		Gas Equipment			
Approved by:		Gas Piping			
SUBCODE APPROVAL					
[] CO [] CCO [] CA		LP Gas Tank			
		Fuel Oil Piping			
		Solar			
Date:		TCO			
Approved by:					

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

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

D. TECHNICAL SITE DATA (List of all fixtures.)
FIXTURE/EQUIPMENT

Water Closet		FEE (Office Use Only)
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 FURNACE/AC	1	65
Other CONDENSATE	1	10
Administrative Surcharge \$		0
Minimum Fee \$		
State Permit Surcharge Fee \$		
Total Fees \$		75

Description of Work:
HVAC Replacement, (1) Receptacle

Gloucester Township

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

Permit No. **20230825**
Control No. **93826**
Block/Lot **205/16**
Date **8/17/23**

Certificate of Approval

IDENTIFICATION

Block/Lot 205/16
Work Site Location 1004 ARLINE AVENUE
GLENDORA, 08029
Owner in Fee/Occupant RUSSELL JONATHAN & REBECCA
Address 1004 ARLINE AVENUE
GLENDORA NJ 08029
(856)430-7351
Telephone BOVIO- RUBINO SERVICE CO.
Contractor 1255 HADDONFIELD BERLIN
Address VOORHEES, NJ 08043
(856)740-3600 FAX
Telephone 13VH07579800- / /
Lic. No. or Bldrs. Reg. No. 462942466
Federal Emp. No.

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: _____

Home Warranty No.

Type of Warranty Plan: [] State [] Private

R-5

Use Group

Maximum Live Load

Construction Classification

Maximum Occupancy Load

Description of Work/Use:

HVAC Replacement, (1) Receptacle

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 \$

170

Paid [] Check No.

5649

Collected by:

CP