17 North Main Street • Medford • NJ 08055 • 609/654-2608

www.medfordtownship.com
MAIN FAX 609/953-4087
CLERK/FINANCE FAX 609/714-1790
CONSTRUCTION FAX 609/953-7720
PUBLIC WORKS FAX 609/654-7646

July 9, 2020

Via email: opra+request-14756-d03b51a5@requests.opramachine.com

Dear Michelle Roberts:

The Township of Medford received your Open Public Records Act (OPRA) request on July 2, 2020. The official Records Custodian received your OPRA request on July 2, 2020. As such, the seven (7) business day deadline to respond to your request is July 17, 2020. This response to your request is being provided to you on the 1st business day after the custodian's receipt of your request.

The following records are being requested: Open/closed permits at 19 Hawthorne Drive.

The attached records are responsive to your request. All personal identification information has been redacted in part pursuant to N.J.S.A. 47:1A-1.1. As this request is being provided by email, there is no cost for your request.

If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the Township of Medford to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council (GRC) by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at P.O. Box 819, Trenton, NJ, 08625, by e-mail at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The GRC can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County.

Sincerely,

Krystle Garrison

Krystle Garrison,
Administrative Assistant
To the Manager

Township of Medford
17 North Main Street
Medford NJ 08055
609-654-2608

CERTIFICATE

IDENTIFICATION

Date Issued: 12/31/2009
Control #: 32457
Permit #: 20090733

Block: 5301.26 Lot : 9 Qual: _____
Work Site Location: 19 HAWTHORNE DRIVE
MEDFORD
Owner in Fee: BROWNLEE, MICHEAL P & JENNIFER
Address: 19 HAWTHORNE DRIVE
MEDFORD NJ 08055
Telephone: [redacted]

Agent/Contractor: DONOHUE REMODELING INC
Address: P O BOX 206
MEDFORD NJ 08055
Telephone: [redacted]
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No: [redacted]
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
ROOF TEAR-OFF

Update Desc. of Wk/Use:

[ ] **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.

[X] **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 a 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

Robert B. Tassone.

Robert B. Tassone, Construction Official

Fees: $0.00
Paid [X] Check No: 3238
Collected by: DB

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Township of Medford
17 NORTH MAIN STREET
MEDFORD, NJ 08055
609 - 654-2608

Permit Number: 20090733
Update Number:
Control Number: 32457
Application Date: 09/03/09
Permit Date: 9/11/2009

CONSTRUCTION PERMIT

IDENTIFICATION

WNER/PROPERTY DETAILS

Block : 5301.26 Lot : 9 Qualifier :
Work Site Location: 19 HAWTHORNE DRIVE MEDFORD

Owner In Fee: BROWNLEE, MICHEAL P & JENNIFER
Address: 19 HAWTHORNE DRIVE
MEDFORD NJ 08055
Telephone: [redacted]

Use Group(s): R-5

Contractor: DONOHUE REMODELING INC
Address: P O BOX 206
MEDFORD NJ 08055
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No. [redacted]

is hereby granted permission to perform the following work :

[X] BUILDING [ ] PLUMBING [ ] DEMOLITION
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

ROOF TEAR-OFF

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$4,525.00
Cost of Demolition:	$0.00
Total Cost:	$4,525.00

PAYMENTS	(Office Use Only)
Building	$46.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$8.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$54.00
All Fees Waived	No

Amount to be Paid: **$54.00**
Check Number: 3238
Check amount: $54.00

If construction does not commence within one year of date of issuance, or if construction ceases for a period of six months, this permit is void.

Robert B. Tassone 9/11/09
Robert B. Tassone Date
Construction Official

:: 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.

Collected by: DB
Receipt No:
Total Cash Amount:
Total Check Amount: $54.00
Total CC Amount:
Grand Total: $54.00

Note:

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 9/11/09
Permit # 2009-0733

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

Block 5301.26 Lot 9 Qualification Code
Work Site Location 19 Hawthorne Dr. Medford, NJ

Owner in Fee Brownlee, Mike
Address Same

Tel. ( ) [redacted]
Contractor Donohue Remodeling Inc
Address PO Box 206
Medford NJ 08055

Tel. [redacted] FAX ( )
Contractor License No. or Builder Registration No. 13VH00414800
Federal Emp. No [redacted]

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

Tear off & Replace Roof

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required 9/14
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9-18-09
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			9.17.09	AF
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[X] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ 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 $ 4525
3. Total (1+ 2) $ 4525

U.C.C. F110 (rev. 07/03)

32457

Township of Medford

BUILDING SUBCODE TECHNICAL SECTION

Date Received:
Control #: 32457

Date Issued: 09/11/2009
Permit #: 20090733

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

Block: 5301.26 Lot: 9 Qualification Code:
Work Site Location: 19 HAWTHORNE DRIVE

Owner Details
Name: BROWNLEE, MICHEAL P & JENNIFER
Address: 19 HAWTHORNE DRIVE
MEDFORD, NJ 08055
Telephone: [redacted]
E-mail:

Contractor Details
Contractor: DONOHUE REMODELING INC
ATTN:
Address: P O BOX 206
MEDFORD NJ 08055
Telephone: [redacted] Fax:
E-mail:
Federal Emp. No [redacted]
Lic No. or Bldrs Reg. No.: Expiration Date:
Home Improvement Registration No. or Exemption Reason: 13VH00414800

B. BUILDING CHARACTERISTICS

Use Group	Present: R-5	Proposed:		
Constr. Class	Present:	Proposed:		
No. of Stories				
Height of Structure		Ft.	**Est. Cost of Bldg. work:**	
Area - Largest Floor		Sq. Ft.	1. New Building.	0.00
New Bldg. Area/All Floors		Sq. Ft.	2. Alteration	4,525.00
Volume of New Structure		Cu. Ft	3. Demolition	0.00
Total Land Area Disturbed		Sq. Ft	4. Total (1+2+3)	$4,525.00

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 TEAR-OFF

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Rehabilitation
[X] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Pylon Sign Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall 0.00 Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other 1:
[ ] Other 2:
[ ] Other 3:
[ ] Demolition

FEE (Office Use Only)

$46.00

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee $8.00
Total Fee $54.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

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

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS

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

U.C.C.F110(rev. 7/03)

Applicant: When submitting this form to your local Construction Code Enforcement Office, please provide one original and three photocopies.

BLOCK 5301A
LOT 9

CONSTRUCTION PERMIT
MEDFORD TOWNSHIP

PERMIT # 4624
DATE SUBMITTED: 3/9/81

JOB ADDRESS 19 Hawthorne Drive
PROJECT Regent's Walk
OWNER OF RECORD Kenneth L. George
TELEPHONE # [redacted]
OWNERS ADDRESS 19 Hawthorne Drive
BUILDERS NAME DC Masonry
STATE LICENSE #
ADDRESS 387-E Corkery Lane, Williamstown, N. J.
TELEPHONE # [redacted]

THIS PERMIT HAS BEEN ISSUED FOR Chimney and wood burning stove

USE GROUP _____ CONSTRUCTION TYPE _____ CUBIC FEET _____ GROUND COVERAGE _____
ESTIMATED STARTING DATE _____ ESTIMATED COMPLETION DATE _____
ESTIMATED COST OF CONSTRUCTION (LABOR AND MATERIALS) $ $600.00

COSTS OF PERMIT:

TOWNSHIP	10.00
STATE SURCHARGE	
PLUMBING	
ELECTRICAL	
TOTAL	10.00
DEDUCTIONS:	
PLAN REVIEW	
FOUNDATION	
BALANCE DUE	

REMODELING AND ADDITIONS

THE CONSUMER FRAUD ACT, EFFECTIVE APRIL 1, 1980 REQUIRES THE BUILDER TO SUPPLY THE OWNER OF THE PROPERTY WRITTEN APPROVAL BY THE TOWNSHIP INSPECTORS OF THE FOLLOWING INSPECTIONS:

1. Footings
2. Foundation
3. Framing
4. Rough Electric
5. Rough Plumbing
6. Insulation
7. Fireplace
8. Final Construction
9. Final Plumbing
10. Final Electric

NOTE: FINAL PAYMENT TO THE CONTRACTOR SHOULD NOT BE PAID WITHOUT ALL OF THE ABOVE APPROVALS.

NEW HOME CONSTRUCTION – ALL OF THE INSPECTIONS LISTED ABOVE ARE ALSO REQUIRED AS WELL AS A CERTIFICATE OF OCCUPANCY HAVING BEEN ISSUED BY THE TOWNSHIP **PRIOR TO OCCUPANCY OF THE BUILDING.** INSPECTION REQUESTS MAY BE MADE BY TELEPHONE (654-2608), GIVING THE PERMIT NUMBER, THE TYPE OF INSPECTION AND THE DATE YOU WOULD LIKE THE INSPECTION PERFORMED. (48 HOURS NOTICE REQUIRED) THERE IS A PENALTY ASSESSMENT FOR VIOLATION OF THESE REQUIREMENTS OF UP TO $500.00 AGAINST THE BUILDER.

WITH THE ISSUANCE OF THIS PERMIT, AN APPROVED SET OF PLANS MARKED "BUILDERS COPY" IS RETURNED TO YOU. THESE PLANS HAVE BEEN REVIEWED AND ANY CHANGES OUTLINED ON THE PLANS BY THE APPROPRIATE OFFICIALS ARE A CONDITION OF THE PERMIT. **(EXAMINE THESE PLANS CAREFULLY BEFORE SIGNING FOR THIS PERMIT.)**

I HAVE REVIEWED THE RETURNED PLANS FOR THE CONSTRUCTION LISTED ABOVE, UNDERSTAND THE CHANGES OUTLINED (IF ANY) AND AGREE TO COMPLY WITH THESE CHANGES.

Kenneth L George
SIGNATURE

TITLE

PERMIT APPROVED FOR RELEASE BY
Allen S. Hall
CONSTRUCTION OFFICIAL
ALLEN S. HALL

3/9/81
DATE OF RELEASE

ORIGINAL – INSPECTIONS FILE YELLOW – OWNER PINK – BUILDER GOLDENROD – AUDITOR 1/81

REQUEST FOR INSPECTION

5301A
BLOCK

4624
PERMIT #

19 Hawthorne Ln.
STREET ADDRESS

9
LOT

Regent's Walk
PROJECT

Type of Inspection: Chimney & Stove

Date Received 3/13/81 Date Requested 3/13/81

Date Inspected 3-13-81

Results of Inspection

☒ Approved ☐ Approved with conditions

☐ Disapproved (State Reasons Below)

COMPLETE & ACCEPTABLE.

ASSESSORS NOTIFIED.

☐ Sticker Posted On Job

ASH
INSPECTORS INITIALS

Department _____

MEDFORD TOWNSHIP

CERTIFICATE OF OCCUPANCY

Lock 5301A

Lot 9

3452
Construction Permit No.

Street Address 19 Hawthorne Drive

Owner or Purchaser's full name Keneth George

Use Group R-3 Fire Grading 4-B Live Load 40 Maximum Occupancy 10

[X] Res. [ ] Comm. [ ] Add. [ ] Renovation [ ] Chg. of use [ ] Continued Use

TITLE	SIGNATURE	DATE OF FINAL APPROVAL
BUILDING SUB CODE OFFICIAL	Allen S. Hall	5-31-79
PLUMBING SUB CODE OFFICIAL	John Spina	5-31-79
ELECTRICAL SUB CODE OFFICIAL	Middle Dept. Insp. AGENCY	6-5-79
FIRE PROTECTION OFFICIAL	Allen S. Hall	5-31-79

For buildings with on-site sewage disposal or wells:

Septic System Approved 5-18-79 (County) Well Approved 5-30-76 (County) Final Water Analysis 5-30-76

Commercial Buildings, where applicable:

Sign permits issued _____ Food Handler's License issued _____

Township Engineer's approval _____ County Soil Erosion Approval _____

AUTHORIZATION IS HEREBY GRANTED FOR THE USE AND OCCUPANCY OF THE BUILDING OR ADDITION DESCRIBED ABOVE AS A PRIVATE DWELLING
AND IS IN COMPLIANCE WITH THE REGULATIONS AND APPLICABLE TOWNSHIP CODES WITH THE EXCEPTION OF ANY ITEMS HEREIN LISTED.
Refer to Site Plan Inspection Request supplied with this C/O.

COMPLETION OF THESE ITEMS IS A CONDITION OF THIS PERMIT, AND MUST BE COMPLETED NO LATER THAN _____. (FAILURE TO COMPLY WITH THESE CONDITIONS SHALL BE SUBJECT TO A FINE NOT TO EXCEED $500.00) APPROVAL FROM THE ZONING OFFICER MUST BE OBTAINED WITHIN 14 DAYS OF ISSUE OF C/O.

Allen S. Hall
Construction Official

Date 5-31-79 T/C/C 38M

Signature of Responsible Person Receiving this Certificate
Date owner or tenant will occupy

631

TOWNSHIP OF MEDFORD

BUILDING PERMIT

№ 3452

January 5, 19 79

Permission is hereby granted to Atsion Homes

contractor, and same owner, for the construction

of 1 building for dwelling

purposes stories in height, dimensions by

31,026 cu ft

roof of

LOCATION

19 Hawthorne Drive

5301A-9

This permit to be considered void at the expiration of six months, unless active operations have been commenced within said time, and shall be rescinded and considered void as to the construction of the work or the further erection of said building by the violation of the terms of any of the ordinances of the Township of Medford relating to buildings or the use of the streets. And shall be void unless a license is taken out as provided in the building code under which this is issued.

Residence of contractor Medford

TWP 230.00
STATE 19.00
ZONE 46.00

Fees $ 295.00

Building Inspector.

Block 5301 A
Lot 9

PERMIT APPLICATION

Date Received
Zoning
Property Owner H & L PROPERTIES Phone [redacted]
Address of Owner Box 152 MEDFORD N.J. 08055
Address where work is to be performed 19 HAWTHORNE DR
Name of Subdivision Name (if any) REGENTS WALK
Name of Contractor ATSION HOMES ART LYON Company Name ATSION HOMES
Address of Contractor Box 152 MEDFORD N.J. 08055 Phone [redacted]
DESCRIPTION OF WORK TO BE PERFORMED (BE SPECIFIC)

R-4
Use group classification ~~Single Fam.~~ Construction type ~~FRAME~~ 4-B
Lot coverage in sq. ft. 23,100 ± Total floor area, sq. ft. 4800
Total volume in cubic feet 31,026 Estimated cost of improvements 41,800
Applicants Signature James A Lyon

AFFIDAVIT OF CONTRACTOR

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD, AND I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT James A Lyon
SIGNATURE
Print Name ATSION HOMES Phone [redacted]
Address BOX 152 MEDFORD, N.J. 08055

INCLUDE AS PART OF THIS APPLICATION:

1. Two copies of specifications and plans, DRAWN TO SCALE, with sufficient dimensions and detail dimensions to show the nature and character of the work to be performed. Include foundation, floor, roof and structural designations, partition, door and window sizes, including types and manufacturer, cross section details and materials to be used.
2. Completed electrical application (by a licensed electrician).
3. Completed plumbing application (by a licensed plumber).
4. Completed heating application (by a licensed heating contractor).
5. Completed application for a zoning permit including all information required for site plan.
6. 3 copies of a site plan (survey) showing to scale the size and location of all new construction and all existing structures on the site, distances from lot lines and grades, including utilities. Show easements affecting the property, method of storm water retention (if any), method of proposed stabilization of soil, seasonal high water table, size of lot and frontage of lot.
7. Architects or engineers seal and signature on the plans and specifications.
8. An approved septic and well application from Burlington County Health Dept. and Medford Twp. Board of Health - or - certification from the Township Committee reserving sewer capacity and connections including proof of payment.
9. Zoning Board or Planning Board approval if required.

( ) Disapproved - Reasons:

BY:

Total cost of permit $ 364.00 Permit Number 3452

(X) Approved for permit William S. Hall Construction Official Date 12-27-78

(X) Approved for permit William K. Stants, Jr. Zoning Officer Date 1-2-79

(X) Approved for site plan William K. Stants, Jr. Site Plan Officer Date 1-2-79

SEE EXHIBIT "A" ATTACHED

ALL PAPERS FILED BEFORE

#3452
#3431

TOWNSHIP OF MEDFORD NEW - Ridge Field Model

DEPARTMENT OF SAFETY - DIVISION OF BUILDINGS PERMIT NUMBER

Permit Application for: New, Addition, Alteration, Demolition

1. Street and number location #19 HAWTHORNE DR MEDFORD N.J. Zip Code 08055
   (a) Tax Map Block 5301-A Lot 9
2. New Subdivision only Regent's Walk

All Applicants complete "A" through "D"

COST (omit cents)
1. Estimate cost of improvement $ 60000.00

OWNERSHIP
2. Private
3. Public X

TYPE OF IMPROVEMENT
4. New Building X
5. Addition - number of added dwelling units if any
6. Alteration - number of added or deducted dwelling units
7. Describe briefly proposed work SINGLE FAMILY WOOD FRAME
8. Number of stories 2 1/2

D. TYPE OF USE
9. One Family X
10. Two Family
11. Three or more
12. Accessory Garage
13. Swimming Pool
14. Other, specify
15. Industrial
16. Depth of foundation from surface 6'
17. Width & depth of footings 8 x 16
18. Thickness of cellar wall 8"

19. Size of sill 2x6
20. Size of Girder 6x8 steel
21. Size of Floor Joist: 1st floor 2x10 @ 16 oc; 2nd floor 2x10 @ 16 oc
22. Size of studs 2x4
23. Size of rafter & spacing 2x6 24 o.c. 16"
24. Size of corner post double 2x4
25. Type of roof, flat, peak, etc. peak
26. Roof sheathing thickness 5/8 plywood
27. Roof material asphalt
28. Type of siding alum.

29. State in detail all existing and proposed uses of this building and premises: SINGLE FAMILY WOOD FRAME DWELLING

Complete all items in "F" for New Buildings and Additions Only.

PRINCIPAL TYPE OF FRAME
30. Masonary (wall bearing)
31. Structural Steel
32. Wood frame X
33. Reinforced concrete
34. Other

TYPE OF SEWAGE DISPOSAL
35. Public Sewer
36. Private system (septic tank, etc.) X

TYPE OF WATER SUPPLY
37. Public
38. Private X

FOR RESIDENTIAL BUILDINGS ONLY
39. Number of bedrooms 1 1/2
40. Number of bathrooms 3

FOR NON-RESIDENTIAL BUILDINGS
41. Number of off-street parking

IDENTIFICATION	NAME	ADDRESS	CITY	STATE	PHONE NO.
OWNER	ATSION HOMES	BOX 152	MEDFORD	N.J.	[redacted]
CONTRACTOR ARCHITECT	Atsion Homes Arch				

The owner of this building and undersigned, do hereby covenant and agree to comply with all the laws of the State of New Jersey and the ordinances of Medford, pertaining to building and buildings, and to construct the proposed building or structure or make the proposed change or alteration in accordance with the plans and specifications submitted, herewith, and certify that the information and statements given on this application, drawings and specifications are to best of their knowledge, true and correct.

APPLICATION BY James A Lyon ADDRESS 6 STURBRIDGE COURT MEDFORD

42. Number of Stories 2 1/2
43. Total Living Area 1300 ±
44. Total Land Area (approx. sq. ft.) 22,000
45. Exterior Dimensions 51 X 27

DATE PERMIT ISSUED NUMBER PERMIT & ZONING FEE

BOARD OF CHOSEN FREEHOLDERS
OF THE COUNTY OF BURLINGTON
MOUNT HOLLY, NEW JERSEY

OFFICE OF:
BURLINGTON COUNTY
HEALTH DEPARTMENT
Telephone 267-0631
Area Code 609

May 29, 1979

President and Members
Board of Health
Medford Twp.

RE: Septic Application S365-78
Blk 5301A Lt 9
Atsion Homes
Medford Twp.

Gentlemen:

Pursuant to instructions set forth in Chapter 199, Public Law 1954 a final inspection of the individual subsurface sewage disposal system referred to above was conducted on 5-18-79

Our findings indicate that the installation of said system was found to be in substantial compliance with the approved application and plans.

Sincerely,

John D. Bracy
Chief Sanitayr Inspector

JDB/rrs

cc: Building Inspector
Owner
File

BCHD-E-24-77