

**THE TOWNSHIP OF EWING**  
Municipal Complex  
2 Jake Garzio Drive  
Ewing, NJ 08628



Phone: (609) 883-2900  
Admin. Fax: (609) 538-0729  
Clerk Fax: (609) 771-0480  
Web Address: [www.ewingnj.org](http://www.ewingnj.org)

June 8, 2020

Adriana Ondarza  
Email: [opra+request-13834-f590f095@requests.opramachine.com](mailto:opra+request-13834-f590f095@requests.opramachine.com)

Ms. Ondarza:

The Ewing Township Clerk's Office received your Open Public Records Act (OPRA) request on May 28<sup>th</sup>, 2020. The official Records Custodian, Kim Macellaro, received your OPRA request on May 28<sup>th</sup>, 2020. As such, the seven (7) business day deadline to respond to your request is June 8<sup>th</sup>, 2020. This response to your request is being provided to you on the 7<sup>th</sup> business day after the custodian's receipt of said request.

Your OPRA requested the following:

1. 132 Woodland Ave. - open/closed permits and/or violations from January 2000 to present, as well as the Property Card. Also, information regarding the presence of an underground oil tank and septic tanks, if applicable, including permits, remediation reports, environmental reports, and surveys showing underground oil tank and septic tank location.

Please see the response from the Construction and Health Departments and the Assessor's Office.

This response is being provided to you in its entirety with any necessary redactions according to N.J.S.A. 47:1A-1.1. This is being transmitted to you via email as per your request. Pursuant to N.J.S.A. 47:1A-5.b., the cost associated with this request is zero.

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 Ewing Township Clerk's Office 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](mailto:grc@dca.state.nj.us), or at their web site at [www.state.nj.us/grc](http://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,

Kim Macellaro, Municipal Clerk  
Ewing Township Clerk's Office  
Tel: 1 609 538 7609

## Susan Bate

---

**From:** sbate@ewingnj.org  
**Sent:** Monday, June 8, 2020 10:23 AM  
**To:** Susan Bate; Susan Bate  
**Subject:** OPRA AssignmentOPRA-Req-20-0394.3

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

<[http://www.sdlportal.appspot.com/static/images/SDL\\_Portal\\_logo\\_240x40.png](http://www.sdlportal.appspot.com/static/images/SDL_Portal_logo_240x40.png)>

OPRA-Req-20-0394

Date Received: 5/28/2020

Status: Received

Applicant: Adriana Ondarza

Information Requested: 132 Woodland Avenue I am requesting open/closed permits and/or violations from January 2000 to present, as well as the Property Card. Also, I would like to know information regarding the presence of an underground oil tank and septic tanks, if applicable, including permits, remediation reports, environmental reports, and ssurveys showing underground oil tank and septic tank location.

OPRA-Req-20-0394.3

Date Assigned: 5/28/2020

Status: Completed

Date Completed: 12/31/1899

Directive:

*Health*

Response: No information found regarding 132 Woodland.

~J. A.  
Health Dept.

Spatial Data Logic 2020

1104 BLOCK 170 LOT 102  
-----OWNER INFORMATION-----  
U.S. BANK TRUST % CALIBER HOME LOAN  
13801 WIRELESS WAY  
OKLAHOMA CITY, OK 73134

DED AMT #OWN 01  
BANK# 660 MORT# SS#

-----SALES INFORMATION-----

|      | DATE   | BOOK  | PAGE  | PRICE  | PCD | NU | 4TYPE |
|------|--------|-------|-------|--------|-----|----|-------|
| CUR: | 020218 | 06329 | 836   | 180625 |     | 12 |       |
| -1:  | 011503 | 04446 | 00181 | 79900  |     | A  |       |
| -2:  | 080601 | 04108 | 00254 | 37400  |     |    |       |

-----EXEMPT PROPERTY DATA-----

EPL CD STAT.  
FACILITY  
INIT FILE FUR FILE  
ASMT CODE

-----PROPERTY INFORMATION-----  
PROP LOC: 132 WOODLAND AVE  
PROPERTY CLASS 2 ACCOUNT# 03230761  
BLDG DESC 1SF 792  
LAND/ACRE 62X148.2 / .21  
ADDITIONL LOTS

ZONE R-2 MAP 15 USER#1 SHER #2 VAC  
BULT 1960 UNITS 01 BCLASS 16

VCS EWPK SFLA 00768

-----TENANT REBATE-----

| BASE YR | TAXES   | FLAG |
|---------|---------|------|
| 19      | 4241.57 | N    |

-----TAXES-----

|    |       |         |
|----|-------|---------|
| 19 | TOTAL | 4241.57 |
| 20 | HALF1 | 2120.79 |
| 20 | TOTAL | .00     |
| 21 | HALF1 | .00     |

SPTAX CDS: F02

NET 125900

OLDID:

NEXT ACCESS: BLK LOT QUAL  
EN=CHANGE F1=NO ACTION F3=ASSMT HISTORY F5=RECORD CARD F7=MORE

|      |       |       |            |          |           |                  |
|------|-------|-------|------------|----------|-----------|------------------|
| 1102 | BLOCK | 140   | LOT        | 162      | QUAL.     | 132 WOODLAND AVE |
|      |       |       | ASSESSMENT | HISTORY  | DISPLAY   |                  |
|      | YEAR  | CLASS | LAND VAL   | IMPR VAL | NET VALUE |                  |
|      | 2020  | 2     | 46,000     | 79,900   | 125,900   |                  |
|      | 2019  | 2     | 46,000     | 79,900   | 125,900   |                  |
|      | 2018  | 2     | 26,000     | 51,900   | 77,900    |                  |
|      | 2017  | 2     | 26,000     | 51,900   | 77,900    |                  |

|      |                                |         |         |       |        |       |        |     |
|------|--------------------------------|---------|---------|-------|--------|-------|--------|-----|
|      | OWNERSHIP                      | HISTORY | DISPLAY |       |        |       |        |     |
|      |                                | -----   | DEED    | ----- | --     | SALES | --     |     |
|      |                                | DATE    | BOOK    | PAGE  | PRICE  | CD    | ASSMNT | CLS |
| CUR: | U.S. BANK TRUST % CALIBER HOME | 020218  | 06329   | 00836 | 180625 | 12    | 125900 | 2   |
| -1:  | CRAWFORD, ANWAR I.             | 011503  | 04446   | 00181 | 79900  | A     | 77900  | 2   |
| -2:  | WINNICK STANLEY                | 080601  | 04108   | 00254 | 37400  |       | 76000  | 2   |
| -3:  | CHASE MANHATTAN BANK           | 020601  | 04098   | 00145 | 100    | Z     | 76000  | 2   |
| -4:  |                                |         |         |       |        |       |        |     |
| -5:  |                                |         |         |       |        |       |        |     |

EN=RETURN F2=CHANGE SALE HIST

BLK 140 LOT 162

BLDG CLS= 16  
TYPE+USE= ONE FAMILY  
DESIGN = RANCH  
STY HGHT= 1 STORY  
ROOF TYP= GABLE  
MATER= ASPH SHNGL  
PITCH=  
EXT FIN.= VINYL

01 OF 01 VCS EWPK  
AIR COND= NONE 768 EXP ATT=

PLUMBING= 3FIX BATH 1 DORMERS=

BASEMNT= TOTAL AREA 768

FIREPLCE= NONE

FULL ST= GROUND FLR 768  
UPPER STYS

MISCELL.= RENTAL

FOUNDATN= BLK/CONCRT

HALF ST=

INT FIN.= DRYWALL

WRITEINS=

FLR FIN.= MIXED

ROOM COUNT B 1 2 3

HEAT SRC= GAS

LIV ROOM 0 1 0 0

HEAT SYS= FORCED AIR 768

DIN ROOM 0 0 0 0

BATHROOM 0 1 0 0

BEDROOM 0 2 0 0

KITCHEN 0 1 0 0

REC ROOM 1 0 0 0

DEN/OFF 0 0 0 0

TOTAL 1 5 0 0

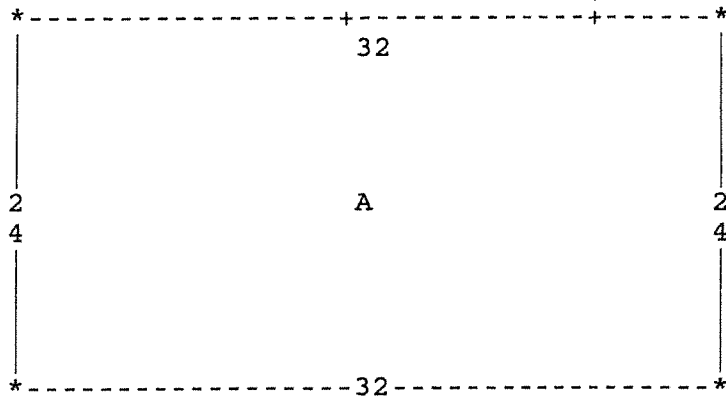
-CONDITION- ---YEARS---  
INTER AVERA BUILT 1960  
EXTER AVERA EFFECT 1994  
LAYOT AVERA

-MKT INFLUENCE- NET  
COND  
75%

BLK 140 LOT 162 01 OF 01  
 <=== FLOOR AREA ===>  
 SEQ ITEM BSMT FRST UPER HLF ATT  
 A 1S-B 768 768

132 WOODLAND AVE  
 <=== HOUSE DRAWING ===>

\*-----11-----\*  
 8 11 B |



| ATT. ITEM   | AREA | ATT. ITEM | AREA |
|-------------|------|-----------|------|
| B WOOD DECK | 88   |           |      |

-----SQ. FOOT LIVING AREAS-----  
 1ST FLOOR = 768 LIV BSMNT = 0  
 UPPER FLR = 0 BUILT INS = 0  
 HLF STORY = 0 UNFIN AREA = 0  
 FIN ATTIC = 0  
 TOTAL LIVING AREA = 768

BLK 140 LOT 162  
132 WOODLAND AVE

01 OF 01 VCS= EWPK CLASS 2  
U.S. BANK TRUST % CALIBER HOME LOAN

<===== ACCESSORY + FARM =====>

| ITEM      | SIZE  | QFAC | COND | NET | BASE          | TOTAL | VALUE    |
|-----------|-------|------|------|-----|---------------|-------|----------|
|           |       |      |      |     | VALUE X CCF = | VALUE | OVERRIDE |
| SHED 1STY | 10X17 | 1.00 | .30  |     | 442 1.55      | 685   |          |

-----  
685

## Susan Bate

---

**From:** sbate@ewingnj.org  
**Sent:** Monday, June 8, 2020 10:22 AM  
**To:** Susan Bate; Susan Bate  
**Subject:** OPRA AssignmentOPRA-Req-20-0394.2

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

<[http://www.sdlportal.appspot.com/static/images/SDL\\_Portal\\_logo\\_240x40.png](http://www.sdlportal.appspot.com/static/images/SDL_Portal_logo_240x40.png)>

OPRA-Req-20-0394

Date Received: 5/28/2020

Status: Received

Applicant: Adriana Ondarza

Information Requested: 132 Woodland Avenue I am requesting open/closed permits and/or violations from January 2000 to present, as well as the Property Card. Also, I would like to know information regarding the presence of an underground oil tank and septic tanks, if applicable, including permits, remediation reports, environmental reports, and ssurveys showing underground oil tank and septic tank location.

OPRA-Req-20-0394.2

Date Assigned: 5/28/2020

Status: Completed

Date Completed: 6/5/2020

Directive:

Response: C-19-02713

C-20-00358

*Construction*

THE ABOVE PERMITS HAVE NOT BEEN ISSUED YET

Spatial Data Logic 2020



# BUILDING SUBCODE TECHNICAL SECTION



Date Received 9/19/2012  
Control # 46485  
Date Issued 12/3/2012  
Permit # 20121774

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

Block 140 Lot 162 Qualification Code \_\_\_\_\_  
Work Site Location: 132 WOODLAND AVE EWING TOWNSHIP, NJ

Owner in Fee: CRAWFORD, ANWAR L

Address 45 LUCAS CT FLORENCE NJ 08505

Tel. \_\_\_\_\_ Email \_\_\_\_\_

Contractor: D Woods

Address 135 Western Ave. Ewing NJ 08618

Tel. \_\_\_\_\_ Email \_\_\_\_\_

Fax. \_\_\_\_\_

Contractor License No. or, if new home, Bldrs Reg. No. \_\_\_\_\_ Exp. \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No. 2-2267762

### JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                                                                    | Date  | Initial |
|--------------------------------------------------------------------------------------------------------------------------------|-------|---------|
| <input type="checkbox"/> No Plan Required                                                                                      | _____ | _____   |
| <input type="checkbox"/> All                                                                                                   | _____ | _____   |
| <input type="checkbox"/> Footing/Foundation                                                                                    | _____ | _____   |
| <input type="checkbox"/> Struct/Framework                                                                                      | _____ | _____   |
| <input type="checkbox"/> Exterior                                                                                              | _____ | _____   |
| <input type="checkbox"/> Interior                                                                                              | _____ | _____   |
| <input type="checkbox"/> Joint Plan Review Required                                                                            | _____ | _____   |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator | _____ | _____   |
| SUBCODE APPROVAL for PERMIT                                                                                                    |       |         |
| Date: _____                                                                                                                    |       |         |
| Approved by: _____                                                                                                             |       |         |
| SUBCODE APPROVAL for CERTIFICATE                                                                                               |       |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                                           | _____ | _____   |
| Date: _____                                                                                                                    |       |         |
| Approved by: _____                                                                                                             |       |         |

### B. BUILDING CHARACTERISTICS

| Use Group                   | Present        | Proposed        | If Industrial Building:          |
|-----------------------------|----------------|-----------------|----------------------------------|
| Constr. Class               | <u>Present</u> | <u>Proposed</u> | State Approved _____             |
| Number of Stories           | _____          | _____           | HUD _____                        |
| Height of Structure         | _____ Ft.      | _____ Ft.       | Est. Cost of Bldg. Work: _____   |
| Area - Largest Floor        | _____ Sq. Ft.  | _____ Sq. Ft.   | 1. New Bldg. _____               |
| New Bldg. Area / All Floors | _____ Sq. Ft.  | _____ Sq. Ft.   | 2. Rehabilitation <u>\$2,000</u> |
| Volume of New Structure     | _____ Cu. Ft.  | _____ Cu. Ft.   | 3. Total (1+2) _____             |
| Total Land Area Disturbed   | _____ Sq. Ft.  | _____ Sq. Ft.   |                                  |

### C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Signature \_\_\_\_\_

Print Name Here: \_\_\_\_\_

### D. TECHNICAL SITE DATA

| DESCRIPTION OF WORK |
|---------------------|
| ROOF                |

### TYPE OF WORK

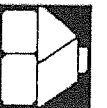
|                                                          |       |
|----------------------------------------------------------|-------|
| <input type="checkbox"/> New Building                    | _____ |
| <input type="checkbox"/> Addition                        | _____ |
| <input checked="" type="checkbox"/> Rehabilitation       | _____ |
| <input type="checkbox"/> Roofing                         | _____ |
| <input type="checkbox"/> Siding                          | _____ |
| <input type="checkbox"/> Fence _____ Height (exceeds 6') | _____ |
| <input type="checkbox"/> Sign _____ Sq. Ft.              | _____ |
| <input type="checkbox"/> Pool                            | _____ |
| <input type="checkbox"/> Retaining Wall _____ Sq. Ft.    | _____ |
| <input type="checkbox"/> Asbestos Abatement Subchapter 8 | _____ |
| <input type="checkbox"/> Lead Haz Abatement NJAC 5:17    | _____ |
| <input type="checkbox"/> Radon Remediation               | _____ |
| <input type="checkbox"/> Other _____                     | _____ |
| <input type="checkbox"/> Demolition                      | _____ |

### FEE (Office Use Only)

|                            |             |
|----------------------------|-------------|
| Administrative Surcharge   | _____       |
| Minimum Fee                | _____       |
| State Permit Surcharge Fee | <u>\$3</u>  |
| TOTAL FEE                  | <u>\$53</u> |



# BUILDING SUBCODE TECHNICAL SECTION



Date Received 6/8/2004  
Control # 26689  
Date Issued 11/24/2004  
Permit # 20041829

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000  
Block 140 Lot 162 Qualification Code \_\_\_\_\_  
Work Site Location: 132 WOODLAND AVE EWING, NJ

Owner in Fee: ANWAR CRAWFORD  
Address 132 WOODLAND AVE EWING NJ  
Tel. \_\_\_\_\_ Email \_\_\_\_\_  
Contractor: ANWAR CRAWFORD  
Address 132 WOODLAND AVE EWING NJ  
Tel. \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Contractor License No. or, if new home, Bldrs Reg. No. \_\_\_\_\_ Exp. \_\_\_\_\_  
Home Improvement Contractor Registration No. or Exemption Reason(s) applicable): \_\_\_\_\_  
Federal Emp. ID No. \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                                                                                                                    | Date  | Initial |
|--------------------------------------------------------------------------------------------------------------------------------|-------|---------|
| <input type="checkbox"/> No Plan Required                                                                                      | _____ | _____   |
| <input type="checkbox"/> All                                                                                                   | _____ | _____   |
| <input type="checkbox"/> Footing/Foundation                                                                                    | _____ | _____   |
| <input type="checkbox"/> Struct/Framework                                                                                      | _____ | _____   |
| <input type="checkbox"/> Exterior                                                                                              | _____ | _____   |
| <input type="checkbox"/> Interior                                                                                              | _____ | _____   |
| <input type="checkbox"/> Joint Plan Review Required                                                                            | _____ | _____   |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator | _____ | _____   |
| SUBCODE APPROVAL for PERMIT                                                                                                    |       |         |
| Date: _____                                                                                                                    |       |         |
| Approved by: _____                                                                                                             |       |         |
| SUBCODE APPROVAL for CERTIFICATE                                                                                               |       |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                                           |       |         |
| Date: _____                                                                                                                    |       |         |
| Approved by: _____                                                                                                             |       |         |

**INSPECTIONS**

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

**B. BUILDING CHARACTERISTICS**

| Use Group                   | Present       | Proposed       | If Industrial Building:        |
|-----------------------------|---------------|----------------|--------------------------------|
| Constr. Class               | Present _____ | Proposed _____ | State Approved _____           |
| Number of Stories           | _____         | _____          | HUD _____                      |
| Height of Structure         | _____ Ft.     | _____ Ft.      | Est. Cost of Bldg. Work: _____ |
| Area - Largest Floor        | _____ Sq. Ft. | _____ Sq. Ft.  | 1. New Bldg. _____             |
| New Bldg. Area / All Floors | _____ Sq. Ft. | _____ Sq. Ft.  | 2. Rehabilitation _____        |
| Volume of New Structure     | _____ Cu. Ft. | _____ Cu. Ft.  | 3. Total (1+2) _____           |
| Total Land Area Disturbed   | _____ Sq. Ft. | _____ Sq. Ft.  |                                |

C. CERTIFICATION IN LIEU OF OATH  
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Signature \_\_\_\_\_

Print Name Here: \_\_\_\_\_

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK  
PUT UP 10X17 SHED

**TYPE OF WORK**

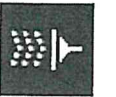
|                                                          |                           |                              |
|----------------------------------------------------------|---------------------------|------------------------------|
| <input type="checkbox"/> New Building                    | _____                     | <b>FEE (Office Use Only)</b> |
| <input type="checkbox"/> Addition                        | _____                     | _____                        |
| <input type="checkbox"/> Rehabilitation                  | _____                     | _____                        |
| <input type="checkbox"/> Roofing                         | _____                     | _____                        |
| <input type="checkbox"/> Siding                          | _____                     | _____                        |
| <input type="checkbox"/> Fence _____                     | Height (exceeds 6') _____ | _____                        |
| <input type="checkbox"/> Sign _____                      | Sq. Ft. _____             | _____                        |
| <input type="checkbox"/> Pool                            | _____                     | _____                        |
| <input type="checkbox"/> Retaining Wall _____            | Sq. Ft. _____             | _____                        |
| <input type="checkbox"/> Asbestos Abatement Subchapter 8 | _____                     | _____                        |
| <input type="checkbox"/> Lead Haz Abatement NJAC 5.17    | _____                     | _____                        |
| <input type="checkbox"/> Radon Remediation               | _____                     | _____                        |
| <input type="checkbox"/> Other _____                     | _____                     | _____                        |
| <input type="checkbox"/> Demolition                      | _____                     | _____                        |

**Administrative Surcharge**

|                            |       |
|----------------------------|-------|
| Minimum Fee                | _____ |
| State Permit Surcharge Fee | \$3   |
| TOTAL FEE                  | \$56  |



# PLUMBING SUBCODE



NEW JERSEY  
UNIFORM CONSTRUCTION CODE

## TECHNICAL SECTION

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

Block 140 Lot 162 Qualification Code \_\_\_\_\_

Work Site Location: 132 WOODLAND AVE, Ewing Township, NJ

Owner in Fee: U.S. BANK TRUST % CALIBER HOME LOAN

Address: 2711 N HASKELL AVE STE 1200 DALLAS TX 75204

Tel. (888) 572-6950 Email \_\_\_\_\_

Contractor: OZERANSKY PLUMBING

Address: 6 EMMONS CT BRIDGEWATER NJ

Tel. 908 2959357 Fax: \_\_\_\_\_ Email PLUMBEROFOZ@YAHOO.COM

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Federal Employee No. \_\_\_\_\_

### B. PLUMBING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_ R-5

Building Sewer Size \_\_\_\_\_ ☐ Public Sewer ☐ Private Septic

Water Service Size \_\_\_\_\_ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$900

### JOB SUMMARY (Office Use Only)

#### PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: \_\_\_\_\_ by: \_\_\_\_\_

☐ Plumbing Plans Approved

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Licensed Plumbing Contractor ☐ Exempt Applicant ☐

U.S.C.F130 (rev. 11/09)

Date Received 2/5/2020

Control # C-20-00228

Date Issued \_\_\_\_\_

Permit # \_\_\_\_\_

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACEMENT HVAC, REPLACEMENT WATER HEATER.

NO. \_\_\_\_\_

FIXTURE/EQUIPMENT

Water Closet \_\_\_\_\_

Urinal/Bidet \_\_\_\_\_

Bath Tub \_\_\_\_\_

Lavatory \_\_\_\_\_

Shower \_\_\_\_\_

Floor Drain \_\_\_\_\_

Sink \_\_\_\_\_

Dishwasher \_\_\_\_\_

Drinking Fountain \_\_\_\_\_

Washing Machine \_\_\_\_\_

Hose Bibb \_\_\_\_\_

Water Heater \_\_\_\_\_

Fuel Oil Piping \_\_\_\_\_

Gas Piping \_\_\_\_\_

LP Gas Tank \_\_\_\_\_

Steam Boiler \_\_\_\_\_

Hot Water Boiler \_\_\_\_\_

Sewer Pump \_\_\_\_\_

Interceptor/Separator \_\_\_\_\_

Backflow Preventor \_\_\_\_\_

Greasetrap \_\_\_\_\_

Sewer Connector \_\_\_\_\_

Water Service Connection \_\_\_\_\_

Stacks \_\_\_\_\_

Other \_\_\_\_\_

Administrative Surcharge \_\_\_\_\_

Minimum Fee \_\_\_\_\_

State Permit Surcharge Fee \_\_\_\_\_

TOTAL FEE \_\_\_\_\_

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



# 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 140 Lot 162 Qualification Code \_\_\_\_\_  
Work Site Location: 132 WOODLAND AVE Ewing Township, NJ

Owner in Fee: U.S. BANK TRUST % CALIBER HOME LOAN  
Address 2711 N HASKELL AVE STE 1200 DALLAS TX 75204

Tel. (888) 572-6950 Email \_\_\_\_\_  
Contractor: EASIGATE ELECTRICAL LLC

Address PO BOX 611 ALLENWOOD NJ 08720

Tel. (732) 439-8998 Email \_\_\_\_\_  
Fax: 732-202-68864

Lic No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason(s) applicable: \_\_\_\_\_

Federal Employee No. 800008762

## B. ELECTRICAL CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed R-5  
☐ Pole/Pad # \_\_\_\_\_ ☐ Temporary ☐ Other \_\_\_\_\_  
Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_  
Estimated Cost of Electrical Work \$700

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                          | Date | Initial | INSPECTIONS                                 | Dates (Month/Day)                |
|--------------------------------------------------------------------------------------|------|---------|---------------------------------------------|----------------------------------|
| <input type="checkbox"/> Required                                                    |      |         |                                             | Failure Failure Approval Initial |
| Partial Under-slab Utilities Approved                                                |      |         | Rough                                       |                                  |
| Date: _____ by: _____                                                                |      |         | Barrier-Free                                |                                  |
| Electric Plans Approved                                                              |      |         | Trench                                      |                                  |
| Date: _____ by: _____                                                                |      |         | Temp. Serv.                                 |                                  |
| Joint Plan Review Required                                                           |      |         | Constr. Serv.                               |                                  |
| <input type="checkbox"/> Building <input type="checkbox"/> Plumbing                  |      |         | TCO                                         |                                  |
| <input type="checkbox"/> Fire <input type="checkbox"/> Elevator                      |      |         | Other                                       |                                  |
| <input type="checkbox"/> Electrical Plans Approved                                   |      |         | Service                                     |                                  |
| SUBCODE APPROVAL for PERMIT                                                          |      |         | Final                                       |                                  |
| Date: _____                                                                          |      |         | Barrier-Free                                |                                  |
| Approved by: _____                                                                   |      |         | Temp. Cut-in-Card Date Issued               |                                  |
| SUBCODE APPROVAL for CERTIFICATE                                                     |      |         | Final Cut-in-Card Date Issued               |                                  |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA |      |         | Annual Pool Inspection                      |                                  |
| Date: _____                                                                          |      |         | Date of Grounding and Bonding Certification |                                  |
| Approved by: _____                                                                   |      |         |                                             |                                  |

C. CERTIFICATION IN LIEU OF OATH  
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Date Received 2/5/2020  
Date Issued \_\_\_\_\_  
Control # C-20-00228  
Permit # \_\_\_\_\_

Applicant's Signature/Contractor's Seal and Signature and Printed Name  
☐ Licensed Elec Contr ☐ Certif'd Landscape Irrigation Contr ☐ Exempt Applicant

## D. TECHNICAL SITE DATA DESCRIPTION OF WORK REPLACEMENT HVAC, REPLACEMENT WATER HEATER,

| QTY. | SIZE | ITEMS                       | FEE (Office Use Only) |
|------|------|-----------------------------|-----------------------|
| 1    |      | Lighting Fixtures           |                       |
| 1    |      | Receptacles                 |                       |
| 1    |      | Switches                    |                       |
|      |      | Detectors                   |                       |
|      |      | Light Poles                 |                       |
|      |      | Motors - Fract. HP          |                       |
|      |      | Emergency & Exit Lights     |                       |
|      |      | Communication Points        |                       |
|      |      | Alarm Devices/F.A.C. Panel  |                       |
| 2    |      | TOTAL NUMBERS               | \$45                  |
|      |      | Pool Permit/with UV 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 A/C Unit         |                       |
|      |      | HP/KW Space Heater/Air      |                       |
|      |      | KW Baseboard Heat           |                       |
|      |      | HP Motors 1/+ HP            |                       |
|      |      | KW Transformer/Generator    |                       |
|      |      | AMP Service                 |                       |
|      |      | AMP Subpanels               |                       |
|      |      | AMP Motor Control Center    |                       |
|      |      | KW Elec. Sign/Outline Light |                       |
| 1    | 5    | HVAC                        | \$65                  |

Administrative Surcharge \_\_\_\_\_  
Minimum Fee \_\_\_\_\_  
State Permit Surcharge Fee \_\_\_\_\_ \$1  
TOTAL FEE \$111



## MECHANICAL 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 140 Lot 152 Qualification Code  
Work Site Location: 132 WOODLAND AVE Ewing Township, NJ

Owner in Fee: U.S. BANK TRUST % CALIBER HOME LOAN

Address 2711 N HASKELL AVE STE 1200 DALLAS TX 75204

Tel. (888) 572-6950

Email

Contractor: JOHN A ELLIPPONI HVAC

Address 9B QUINCY DRIVE WHITING NJ 08759

Email jathvac@gmail.com

Tel. (732) 201-4225

Fax

Contractor License No.

Expiration Date:

Home Improvement Contractor Registration No. or Exemption Reason(s) applicable:

Federal Emp. ID No. 81-0761886

### B. MECHANICAL CHARACTERISTICS

Use Group Present Proposed

Heating System New

Type: ☐ Hydronic ☐ Hot Air

Fuel: ☐ Gas ☐ Oil

☐ Electric ☐ Solar

☐ Other

Estimated Cost of Mechanical Work \$4,500

### JOB SUMMARY (Office Use Only)

PLAN REVIEW:

☐ No Plan Required

☐ MECHANICAL PLANS APPROVED

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire ☐ Mechanical

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CA ☐ CCO

Date:

Approved by:

### INSPECTIONS

Type:

Gas Piping

Appliance

Chimney/Vent

Oil Piping

Oil Tank

LPG Tank

Hydronic Piping

Fireplace

Chimney Cert.

Other

Dates (Month/Day)

Failure Failure Approval Initial

Initial

NO.

FIXTURES/EQUIPMENT

Water Heater

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Other AC system

FEE (Office Use Only)

Administrative Surcharge  
Minimum Fee  
State Permit Surcharge Fee  
TOTAL FEE \$9

### 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.

Date Received 2/5/2020  
Control # C-20-002228  
Date Issued  
Permit #

Print Name Here Signature

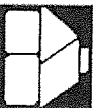
### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACEMENT HVAC, REPLACEMENT WATER HEATER,



# BUILDING SUBCODE TECHNICAL SECTION



Date Received 11/25/2019  
Control # C-19-02713  
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 140 Lot 162 Qualification Code  
Work Site Location: 132 WOODLAND AVE Ewing Township, NJ

Owner in Fee: U.S. BANK TRUST % CALIBER HOME LOAN

Address 2711 NORTH HASKEL DALLAS, TX 75204

Tel. (888) 572-6950

Contractor: RESIPRO

Address 3630 PEACH TREE ROAD ATLANTA, NJ 30326

Tel. 609.2036189

Contractor License No. or, if new home, Bids Reg. No.

Home Improvement Contractor Registration No. or Exemption Reason(s) applicable):

Federal Emp. ID No.

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                                                                    | Date | Initial |
|--------------------------------------------------------------------------------------------------------------------------------|------|---------|
| <input type="checkbox"/> No Plan Required                                                                                      |      |         |
| <input type="checkbox"/> All                                                                                                   |      |         |
| <input type="checkbox"/> Footing/Foundation                                                                                    |      |         |
| <input type="checkbox"/> Struct/Framework                                                                                      |      |         |
| <input type="checkbox"/> Exterior                                                                                              |      |         |
| <input type="checkbox"/> Interior                                                                                              |      |         |
| <input type="checkbox"/> Joint Plan Review Required                                                                            |      |         |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator |      |         |
| SUBCODE APPROVAL for PERMIT                                                                                                    |      |         |
| Date: _____                                                                                                                    |      |         |
| Approved by: _____                                                                                                             |      |         |
| SUBCODE APPROVAL for CERTIFICATE                                                                                               |      |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                                           |      |         |
| Date: _____                                                                                                                    |      |         |
| Approved by: _____                                                                                                             |      |         |

## B. BUILDING CHARACTERISTICS

|                             |         |          |     |                         |
|-----------------------------|---------|----------|-----|-------------------------|
| Use Group                   | Present | Proposed | R-5 | If Industrial Building: |
| Constr. Class               | Present | Proposed |     | State Approved          |
| Number of Stories           |         |          |     | HUD                     |
| Height of Structure         |         |          |     |                         |
| Area - Largest Floor        |         |          |     |                         |
| New Bldg. Area / All Floors |         |          |     |                         |
| Volume of New Structure     |         |          |     |                         |
| Total Land Area Disturbed   |         |          |     |                         |

## INSPECTIONS

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

## C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Signature

Print Name Here:

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

EXTERIOR ALTERATIONS, DEMO OF 10X16 DECK AND REPLACE STAIRS

### TYPE OF WORK

|                                                          |                                   |
|----------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> New Building                    |                                   |
| <input type="checkbox"/> Addition                        |                                   |
| <input checked="" type="checkbox"/> Rehabilitation       |                                   |
| <input type="checkbox"/> Roofing                         |                                   |
| <input type="checkbox"/> Siding                          |                                   |
| <input type="checkbox"/> Fence                           | Height (exceeds 6') _____ Sq. Ft. |
| <input type="checkbox"/> Sign                            | _____ Sq. Ft.                     |
| <input type="checkbox"/> Pool                            |                                   |
| <input type="checkbox"/> Retaining Wall                  | _____ Sq. Ft.                     |
| <input type="checkbox"/> Asbestos Abatement Subchapter 8 |                                   |
| <input type="checkbox"/> Lead Haz Abatement NJAC 5:17    |                                   |
| <input type="checkbox"/> Radon Remediation               |                                   |
| <input type="checkbox"/> Other                           |                                   |
| <input type="checkbox"/> Demolition                      |                                   |

### FEE (Office Use Only)

|                            |      |
|----------------------------|------|
| Administrative Surcharge   |      |
| Minimum Fee                |      |
| State Permit Surcharge Fee | \$1  |
| TOTAL FEE                  | \$51 |

Recall 6.8.2020

5-28-2020 Construction  
Assessor  
Ideally

## Susan Bate

**From:** Kim Macellaro  
**Sent:** Thursday, May 28, 2020 2:06 PM  
**To:** Susan Bate  
**Subject:** Fwd: OPRA request - Property Information

Get [Outlook for Android](#)

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**From:** ADRIANA ONDARZA <opra+request-13834-f590f095@requests.opramachine.com>  
**Sent:** Thursday, May 28, 2020 1:36:50 PM  
**To:** Kim Macellaro <kmacellaro@ewingnj.org>  
**Subject:** OPRA request - Property Information

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Dear Ewing 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:

I am requesting open/closed permits and/or violations from January 2000 to present, as well as the Property Card. Also, I would like to know information regarding the presence of an underground oil tank and septic tanks, if applicable, including permits, remediation reports, environmental reports, and surveys showing underground oil tank and septic tank location.

132 Woodland Ave.  
Block: 140, Lot: 162

Yours faithfully,

ADRIANA ONDARZA

-----  
Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:  
opra+request-13834-f590f095@requests.opramachine.com

Is kmacellaro@ewingnj.org the wrong address for OPRA requests to Ewing Township? If so, please contact us using this form:

[https://opramachine.com/change\\_request/new?body=ewing\\_township](https://opramachine.com/change_request/new?body=ewing_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/property\\_information\\_85](https://opramachine.com/request/property_information_85)

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.

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