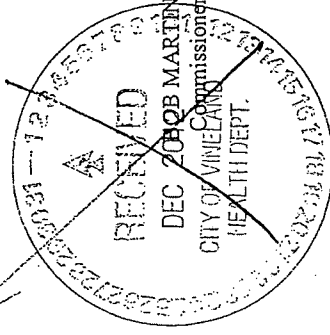




CHRIS CHRISTIE
Governor
KIM GUADAGNO
Lt. Governor

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Unregulated Heating Oil Tank Program
401 East State Street, 5th floor
P.O. Box 420
Mail Code 401-05
Trenton, NJ 08625-0420
Phone #: 609-633-0544
Fax #: 609-984-6004



Marcello Zucca

November 30, 2012

Re: Area of Concern: One 550 gallon #2 Heating Oil Underground Storage Tank System
Unrestricted Use - No Further Action Letter and Covenant Not to Sue
Block 5806, Lot 14
1541 Allen Avenue
Vineland City, Cumberland County
Program Interest #:593107, Activity Number: CSP120001
Communications Center Number: 11-11-10-0955-38

Dear Mr. Zucca:

Pursuant to N.J.S.A. 58:10B-13.1 and N.J.A.C. 7:26C, the New Jersey Department of Environmental Protection (Department) makes a determination that no further action is necessary for the remediation of the area of concern specifically referenced above, except as noted below, so long as you did not withhold any information from the Department. This action is based upon information in the Department's case file and your final certified report dated November 15, 2012. In issuing this No Further Action Determination and Covenant Not to Sue, the Department has relied upon the certified representations and information provided to the Department.

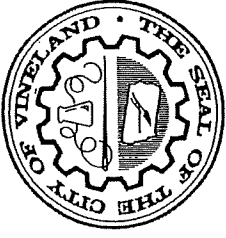
By issuance of this No Further Action Determination, the Department acknowledges the completion of a Remedial Investigation and Remedial Action pursuant to the Technical Requirements for Site Remediation (N.J.A.C. 7:26E) for the area of concern specifically referenced above and no other areas.

NO FURTHER ACTION CONDITIONS

As a condition of this No Further Action Determination pursuant to N.J.S.A. 58:10B-12o, you and any other person who was liable for the cleanup and removal costs, and remains liable pursuant to the Spill Act, shall inform the Department in writing within 14 calendar days whenever your name or address changes. Any notices submitted pursuant to this paragraph shall reference the above case numbers and shall be sent to: Site Remediation Program, P.O. Box 420, Trenton, NJ 08625.

By operation of law a Covenant Not to Sue pursuant to N.J.S.A. 58:10B-13.1 applies to this remediation. The Covenant Not to Sue is subject to any conditions and limitations contained herein. The Covenant Not to Sue remains effective only as long as the real property referenced above continues to meet the conditions of this Conditional No Further Action Letter.

Department of Zoning
CITY OF VINELAND
P.O. Box 1508 / 640 E. Wood Street
Vineland, NJ 08362-1508
Phone: 856-794-4113
ZONING PERMIT



PERMIT NUMBER:	ZP-20-00134	PERMIT TYPE:	ZP-Zoning Permit
USE:	R-4 Interior renovations, no change in use	PROPOSED ACTIVITY:	Principal
ZONE:	R-3		
APPLICATION DATE:	03/12/2020		
PARCEL NUMBER:	05806-0000-00014-0000		
PROPERTY ADDRESS:	1541 ALLEN AVE		
OWNER:	TOMAS & ENIGDALIA ACEVEDO	PHONE:	
APPLICANT:		PHONE:	

ALL EXISTING USES/ STRUCTURES:
SINGLE FAMILY DWELLING

PROPOSED CHANGE/ALTERATION OF USES/STRUCTURES:
CONVERT EXISTING BEDROOM INTO BATHROOM WITH CLOSET; ADD BATHROOM IN BASEMENT

I hereby certify that I have examined a Zoning Permit Application for the issuance of a Zoning Permit or Certificate of Zoning Compliance. The applicant has made certain Documents available for review, which will become a part of this Permit / Certificate. Upon review it was determined that this proposed Use or Structure is (all blocks checked and additional notations shall apply)....

1. (X) In Compliance with the City of Vineland Land Use Ordinance now in effect, Ordinance 86-38 (amended) Chapter 425 Vineland Code, As a matter of being permitted, or approved by Variance there from;
Approved By: _____ Date of Final Approval: _____
2. () A Pre-Existing, Non-Conforming Use that can LEGALLY continue in that it met the provisions of a previous Zoning Ordinance at the time it was Constructed or the Use was instituted. Or, the Use or Structure pre-dates any of the Zoning Ordinances executed by the City of Vineland, Landis Township, or Borough of Vineland;
3. () Conditions of approval as pertaining to this permit, and/or requirements of the applicant which are mandated to validate permit;

4. (X)

- A. () Planning Division "permit release" memorandum must be attached;
B. (X) Project Site Must be constructed as per Plot Plan or Site Plan;
C. () Size and location of Structure(s) proposed must be in accordance with the provisions identified in the Approval Resolution(s);
D. () Redevelopment Authority Approval must be attached
E. (X) SUBJECT TO APPROVED FLOORPLANS
F. (X) BASEMENT IS NOT APPROVED FOR BEDROOMS OR AS A SLEEPING AREA
G. (X) NO CHANGE IN SINGLE FAMILY DWELLING USE OR FOOTPRINT

ZONING PERMIT IS SUBJECT TO COMPLIANCE WITH ALL APPLICABLE CODES AND REGULATIONS

APPROVAL DATE: 04/01/2020

PATRICK FINLEY, ZONING OFFICER

FEE SUMMARY	CHARGED	PAID	CHECK NO.	COLLECTED
Zoning Permit	\$43.00	\$43.00	325	ucrudefe
TOTAL FEES:	\$43.00	\$43.00		

BLOCK 5806 LOT 14 QUALIFICATION CODE ✓ ADDRESS (SITE) 1541 Allen Ave PERMIT NO. 20-081

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113



CONSTRUCTION PERMIT APPLICATION

RECEIVED
MAR 12 2020
BY: [Signature]

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

IDENTIFICATION
Proposed Work Site at: 1541 Allen Ave
Name of Owner in Fee: Tomas Acevedo
Tel. ([Redacted]) e-mail tom.acevedo@yahoo.com
Address 1541 Allen Ave Vineland NJ 08360
street municipality zip code
Ownership in Fee: Public Private
4. Principal Contractor: owner Tel. ()
Address e-mail
License No. OR, if new home, Builder Reg. No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: ()
5. Architect or Engineer Contact
Address e-mail
Tel. () FAX: ()
6. Responsible Person in Charge once Work has Begun
Tel. () FAX: ()

V(a). TYPE OF SEWAGE DISPOSAL
☐ Public or Private company
☐ Private (Septic Tank, Etc.)

V(b). TYPE OF WATER SUPPLY
☐ Public or Private company
☐ Private (Well, Etc.)

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	<u> </u>	(office use on
2. Height of Structure	<u> </u> ft.	<u>8-12-21</u>
3. Area — Largest Floor	<u> </u> sq. ft.	<u>Awilda</u>
4. New Building Area	<u> </u> sq. ft.	<u>Calles</u>
5. Volume of New Structure	<u> </u> cu. ft.	<u> </u>
6. Max. Live Load	<u> </u>	<u> </u>
7. Max. Occupancy Load	<u> </u>	<u> </u>
8. If Industrialized Building: State Approved	<u> </u> HUD <u> </u>	<u> </u>
9. Total Land Area Disturbed	<u> </u> sq. ft.	<u> </u>
10. Flood Hazard Zone	<u> </u>	<u> </u>
11. Base Flood Elevation	<u> </u> ft.	<u> </u>
12. Wetlands	yes <u> </u> no <u> </u>	<u> </u>

IIa. PROPOSED WORK

☐ Minor Work	☐ New Building	☐ Addition	☐ Demolition
☐ Repair	☐ Alteration	☐ Renovation	☐ Reconstruction
☐ Asbestos Abat. -Subch. 8	☐ Lead Hazard Abatement	☐ Radon Remediation	☐ Annual Permit

IIb. SUBCODES
(Check all that apply)

☐ Building	FOR OFFICE USE ONLY (Optional)
☒ Electrical	
☒ Plumbing	
☐ Fire Protection	
☐ Mechanical	
TOTAL COST	

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
				8-11-20	CM		
			3-23-21	7-21-21	JK		
			3-12-21	8-11-20	FD		

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:

2. Use Group, Proposed: R5A

3. Change in Use Group, Indicate Present:

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale	<u> </u>
Gained, Rental	<u> </u>
Lost, Sale	<u> </u>
Lost, Rental	<u> </u>

B. NON-RESIDENTIAL (primary use)

1. State Specific Use:

2. Use Group, Proposed:

3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s):

D. Construct. Classification: Present Proposed

III. PLAN REVIEW (optional)

DO YOU WANT:

1. Partial Releases	2. Prototype Processing
---------------------	-------------------------

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks	4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells	12. ☐ Fire Alarm
2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks	
3. ☐ Hazardous Uses/Places of Assembly	6. ☐ Swimming Pools, Spas and Hot Tubs	10. ☐ Swimming Pools, Spas and Hot Tubs	

CITY OF VINELAND
640 E WOOD ST-PO BOX 1508
VINELAND, NJ 08362-1508

Date Issued 08/13/20
Control #
Permit # 20-0864

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 5806 Lot 14 Qual 1

Work Site Location <u>1541 ALLEN AVE</u>	Contractor <u>H O M E O W N E R</u>
Owner in Fee <u>ACEVEDO</u>	Address _____
Address <u>1541 ALLEN AVE</u>	Telephone () _____
<u>VINELAND, NJ 08360-</u>	Lic. No. or Bldrs. Reg. No. _____
Telephone () <u>-</u>	Federal Emp. No. <u>HO-</u>

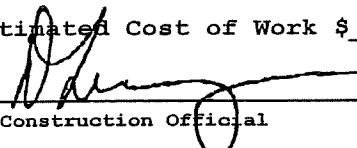
Is hereby granted permission to perform the following work:

☒ BUILDING	☒ PLUMBING	☐ ASBESTOS ABATEMENT (Subchapter 8 only)
☒ ELECTRICAL	☐ FIRE PROTECTION	☐ LEAD HAZARD ABATEMENT
☐ ELEVATOR DEVICES	☐ MECHANICAL	☐ DEMOLITION
		☐ OTHER _____

DESCRIPTION OF WORK:
CONVERT EXISTING BEDROOM INTO BATHROOM & CLOSET / ADDING BATHROOM IN
BASEMENT AREA WORK DONE PRIOR TO PERMITS

NOTE: If construction does not commence within one (1) year of date of issuance,
or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 2,100


Construction Official

08/13/20
Date

PAYMENTS (Office Use Only)

Building	<u>50</u>
Electrical	<u>55</u>
Plumbing	<u>270</u>
Fire Protection	<u>0</u>
Mechanical	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>3</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>378</u>
Check No.	<u>364</u>
Cash	_____
Collected By	<u>AM</u>

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113



BUILDING 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 3806 Lot 1541 Qualification Code _____
Work Site Location 1541 Allen Avenue

Owner in Fee: Tomas Acevedo

Tel. () e-mail rev_tomas_acevedo@yahoo.com

Address 1541 Allen Ave Vineland NJ 08360
street municipality zip code

Contractor: owner Tel. ()

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
Date	Initial
☐ No Plans Required	Type: _____
☒ All	Footings _____
☐ Footings/Foundations	Footings Bonding _____
☐ Structural/Framework	Foundation _____
☐ Exterior	Slab _____
☐ Interior	Frame _____
Joint Plan Review Required:	Truss Sys./Bracing _____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	Barrier-Free _____
SUBCODE APPROVAL for PERMIT	Insulation _____
Date: <u>8/13/20</u>	Finishes -Base Layer _____
Approved by: <u>[Signature]</u>	Finishes -Final _____
SUBCODE APPROVAL for CERTIFICATE	Energy _____
☐ CO ☐ CCO ☐ CA	Mechanical _____
Date: _____	TCO _____
Approved by: _____	Other _____
	Final _____
	Barrier-Free _____

B. BUILDING CHARACTERISTICS

Use Group Present PSA Proposed PSA Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work:

New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ _____

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1+2) \$ 700

Max. Occupancy Load _____



Date Received 8/13/20
Control # _____
Date Issued 20-08604
Permit # _____

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.

Sign here: Tomas Acevedo

Print name here: Tomas Acevedo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Bathroom in basement converted existing bedroom into a bathroom & closet (upstairs)

Done prior

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____
- ☐ Sign _____ Sq. Ft. _____
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft. _____
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

\$ _____
_____ 50.00 _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Administrative Surcharge \$ _____
Minimum Fee \$ 1.00
State Permit Surcharge Fee \$ 51.00
TOTAL FEE \$ 52.00

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

8/13/20
20-08604

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

Block 5006 pt 14 Qualification Code _____

Work Site Location 1541 Allen Avenue

Owner in Fee: Tomas Acevedo

Tel. [REDACTED] e-mail revtomasacevedo@yahoo.com

Address 1541 Allen Ave Vineland NJ 08360
street municipality zip code

Contractor: [REDACTED] Tel. ()

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present RSI Proposed RSA

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as K100 Utility Co. _____

Est. Cost of Elec. Work \$100

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
[] No Plans Required	Type:	Failure	Failure	Approval	Initial
[] Partial -Underslab Utilities Approved	Rough				
Date: _____ Approved by: _____	Barrier-Free				
[X] Electric Plans Approved <u>Revised</u>	Trench				
Date: <u>7-21-20</u> Approved by: <u>[Signature]</u>	Temp. Serv.				
Joint Plan Review Required:	Constr. Serv.				
[] Bldg. [] Plumb. [] Fire. [] Elev.	TCO				
SUBCODE APPROVAL for PERMIT	Other				
Date: <u>7-28-20</u>	Service				
Approved by: <u>[Signature]</u>	Final				
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free				
[] CO [] CCO [] CA	Temp. Cut-In-Card Date Issued				
Date: _____	Final Cut-In-Card Date Issued				
Approved by: _____	Annual Pool Inspection				
	Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's sign/Contractor sign and seal here: Tomas Acevedo

Print name here: Tomas Acevedo

[] Licensed Elec. Contractor [] Cert'd Landscape Irrigation Contr. [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	\$ <u>55.00</u>
		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 A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ 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 \$ _____

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113



PLUMBING SUBCODE
TECHNICAL SECTION



Date Received
Control #

8/13/20

Date Issued
Permit #

20-0864

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

Block 5806 Lot 14 Qualification Code _____
Work Site Location 1041 Allen Avenue

Owner in Fee: Tomas Acevedo

Tel. [REDACTED] e-mail rev-tomas.acevedo@yahoo.com

Address 1541 Allen Ave Vineland NJ 08360
street municipality zip code

Contractor: Oreker Tel. (____) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (____) _____

B. PLUMBING CHARACTERISTICS

Use Group Present R5A Proposed R5A

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work X 1300

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
[] No Plans Required	[] Partial - Underslab Utilities Approved	Type:	Failure	Failure	Approval	Initial
Date: _____	Approved by: _____	Slab	_____	_____	_____	_____
[] Plumbing Plans Approved	Date: _____	Rough	_____	_____	_____	_____
Approved by: _____	Approved by: _____	Water	_____	_____	_____	_____
Joint Plan Review Required:	[] Bldg. [] Elec. [] Fire. [] Elev.	Sewer	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	Date: <u>8-11-20</u>	Fixtures	_____	_____	_____	_____
Approved by: _____	Approved by: _____	Gas Equipment	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	[] CO [] CCO [] CA	Gas Piping	_____	_____	_____	_____
Date: _____	Approved by: _____	LPGas Tank	_____	_____	_____	_____
Approved by: _____	Approved by: _____	Fuel Oil Piping	_____	_____	_____	_____
		Solar	_____	_____	_____	_____
		TCO	_____	_____	_____	_____
		Final	_____	_____	_____	_____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's sign/Contractor's sign and seal here: Tomas Acevedo

Print name here: Tomas Acevedo

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

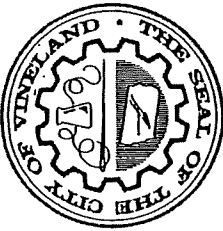
DESCRIPTION OF WORK 2 Bathrooms -
upstairs + basement - done prior

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>3</u>	Water Closet	\$ <u>45</u>
<u>3</u>	Urinal/Bidet	<u>45</u>
<u>3</u>	Bath Tub	<u>45</u>
<u>1</u>	Lavatory	<u>45</u>
	Shower	<u>15</u>
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
<u>1</u>	Hot Water Boiler	<u>75</u>
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrapp	
<u>3</u>	Sewer Connection	<u>45</u>
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge \$ 270.00
Minimum Fee \$ 2.00
State Permit Surcharge Fee \$ 272.00
TOTAL FEE \$ 272.00

Pd
CK #364

Department of Zoning
CITY OF VINELAND
P.O. Box 1508 / 640 E. Wood Street
Vineland, NJ 08362-1508
Phone: 856-794-4113
ZONING PERMIT



PERMIT NUMBER:	ZP-20-00134	PERMIT TYPE:	ZP-Zoning Permit
USE:	R-4 Interior renovations, no change in use	PROPOSED ACTIVITY:	Principal
ZONE:	R-3		
APPLICATION DATE:	03/12/2020		
PARCEL NUMBER:	05806-0000-00014-0000		
PROPERTY ADDRESS:	1541 ALLEN AVE		
OWNER:	TOMAS & ENIGDALIA ACEVEDO	PHONE:	
APPLICANT:		PHONE:	

ALL EXISTING USES/ STRUCTURES:
SINGLE FAMILY DWELLING

PROPOSED CHANGE/ALTERATION OF USES/STRUCTURES:

CONVERT EXISTING BEDROOM INTO BATHROOM WITH CLOSET; ADD BATHROOM IN BASEMENT

I hereby certify that I have examined a Zoning Permit Application for the issuance of a Zoning Permit or Certificate of Zoning Compliance. The applicant has made certain Documents available for review, which will become a part of this Permit / Certificate. Upon review it was determined that this proposed Use or Structure is (all blocks checked and additional notations shall apply)....

1. (X)

In Compliance with the City of Vineland Land Use Ordinance now in effect, Ordinance 86-38 (amended) Chapter 425 Vineland Code, As a matter of being permitted, or approved by Variance there from;

Approved By:

Date of Final Approval:

2. ()

A Pre-Existing, Non-Conforming Use that can LEGALLY continue in that it met the provisions of a

3. ()

previous Zoning Ordinance at the time it was Constructed or the Use was instituted. Or, the Use or

Structure pre-dates any of the Zoning Ordinances executed by the City of Vineland, Landis Township, or

Borough of Vineland;

4. (X)

Conditions of approval as pertaining to this permit, and/or requirements of the applicant which are

mandated to validate permit;

A. () Planning Division "permit release" memorandum must be attached;

B. (X) Project Site Must be constructed as per Plot Plan or Site Plan;

C. () Size and location of Structure(s) proposed must be in accordance with the provisions identified in the Approval Resolution(s);

D. () Redevelopment Authority Approval must be attached

E. (X) SUBJECT TO APPROVED FLOORPLANS

F. (X) BASEMENT IS NOT APPROVED FOR BEDROOMS OR AS A SLEEPING AREA

G. (X) NO CHANGE IN SINGLE FAMILY DWELLING USE OR FOOTPRINT

ZONING PERMIT IS SUBJECT TO COMPLIANCE WITH ALL APPLICABLE CODES AND REGULATIONS

APPROVAL DATE: 04/01/2020

PATRICK FINLEY, ZONING OFFICER

FEE SUMMARY

Zoning Permit

TOTAL FEES:

CHARGED	PAID
\$43.00	\$43.00
\$43.00	\$43.00

CHECK NO.	COLLECTED
325	unredeemable

FOR OFFICE USE ONLY			
Building	Waiver	Approval Date	Re-viewer
☐ Footings/Foundations			
☐ Framing			
☐ Architecture			
☐ Building			
☐ Electrical			
☐ Plumbing			
☐ Fire Protection			
☐ Mechanical			
☐			
☐			
☐			
☐			
☐			
☐			
☐			

V. FEE SUMMARY (for office use only)		Update	Update	Update	Update	Update	Update	Update	Update
1. Building	\$ 50.00								
2. Electrical	55.00								
3. Plumbing	270.00								
4. Fire Protection									
5. Mechanical									
6. SUBTOTAL	\$								
7. Less 20% for State Plan Review									
8. SUBTOTAL	\$								
9. DCA Training Fee	3.00								
10. SUBTOTAL	\$								
11. Cert. of Occupancy									
12. Other									
13. TOTAL U.C.C.	\$								
14. Zoning Permit	\$ 48.00								
15. TOTAL FEE	\$								
16. C.O.A.H./N-R Dev. Fee	\$								
17. TOTAL	\$ 378.00								

X. CERTIFICATES ISSUED (for office use only)		Date Issued	Date Expired	Date Reissued	Date Expired
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

C.O. NOTATIONS

PERMIT / INSPECTION STATUS

ISSUE DATE	FINAL REQUIRED	CATEGORY	DATE OF FINAL APPROVAL
3-12-20		ALL CONSTRUCTION	
		BUILDING	
		Footings/Foundation	
		Framing	
		Architectural	
		Other	
		ELECTRICAL	
		PLUMBING	
		FIRE PROTECTION	
		MECHANICAL	
		CERTIFICATE OF PARTICIPATION	
		WELL	
		SEPTIC	
		HEALTH DEPARTMENT	
		SOIL CONSERVATION	
		ASSESSOR C.O.A.H./N-R DEV. REVIEW	
		OTHER	
		OTHER	
		OTHER	

BLOCK 580p LOT 14 ADDRESS (SITE) 1541 .. Allen Ave PERMIT NO. C-11 0806/14 11-146

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 1541 Allen Ave.

2. Name of Owner in Fee: Dennis Mark Zucca & Sandra Brown
Tel. () e-mail
Address 1541 Allen Ave Vineland, NJ 08360
city municipality zip code

3. Ownership in Fee: Public Private X

4. Principal Contractor: Watkins Excavating Tel. (856) 629-3443
Address P.O. Box 547 e-mail
Franklinville NS 08302

License No. OR, if new home, Builder Reg. No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. Fax: (856) 629-5905

5. Architect or Engineer Contact
Address e-mail
Tel. () Fax: ()

6. Responsible Person in Charge once Work has Begun Shawn
Tel. (856) 629-3443 Fax: ()

V(a). TYPE OF SEWAGE DISPOSAL
☐ Public or Private Company
☐ Private (Septic Tank, Etc.)

V(b). TYPE OF WATER SUPPLY
☐ Public or Private Company
☐ Private (Well, Etc.)

VI. BUILDING/SITE CHARACTERISTICS (Office Use)

1. Number of Stories
2. Height of Structure ft.
3. Area — Largest Floor sq. ft.
4. New Building Area sq. ft.
5. Volume of New Structure cu. ft.
6. Max. Live Load
7. Max. Occupancy Load
8. If Industrialized Building: State Approved HUD
9. Total Land Area Disturbed sq. ft.
10. Flood Hazard Zone
11. Base Flood Elevation ft.
12. Wetlands yes no

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. - Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

☒ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

Est. Cost	FOR OFFICE USE ONLY (Optional)							
	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>1495.00</u>								

TOTAL COST 1495.00

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: U

2. Use Group, Proposed: U

3. Change in Use Group, Indicate Present:

4. No. of dwelling units: Total Units Income-restr

Gained, Sale	
Gained, Rental	
Lost, Sale	
Lost, Rental	

B. NON-RESIDENTIAL (primary use)

1. State Specific Use:

2. Use Group, Proposed:

3. Change in Use Group, Indicate Present:

C. MIXED USE - List secondary use(s):

D. Construct. Classification: Present Proposed

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/lifts/Dumbwaiters/Moving Walks
4. ☐ Refrigeration System
5. ☐ Cross-Connections/Backflow Preventers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113



B006
BUILDING SUBCODE
TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

11-4-11
11-1463

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

Block 5806 Lot 14 Qualification Code _____

Work Site Location 1541 Allen Ave
Vineland

Owner in Fee: 2000, Dennis Mark & Sandra Brown

Tel. _____ e-mail _____

Address 1541 Allen Ave 68062

Contractor: Watkins Excavating Tel. (856) 693-3443

Address PO Box 547 e-mail _____

Franklinville N.J. 08320

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (856) 693-5905

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
☒ No Plans Required	<u>11-10-11</u>	<u>BA</u>	Type: _____
☐ All	_____	_____	Failure _____
☐ Footings/Foundations	_____	_____	Approval _____
☐ Structural/Framework	_____	_____	Initial _____
☐ Exterior	_____	_____	_____
☐ Interior	_____	_____	_____
Joint Plan Review Required:	_____		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	_____		
SUBCODE APPROVAL for PERMIT	_____		
Date: _____	_____		
Approved by: _____	_____		
SUBCODE APPROVAL for CERTIFICATE	_____		
☐ CO ☐ CCO ☒ CCA	_____		
Date: <u>3-26-13</u>	_____		
Approved by: <u>BA</u>	_____		

B. BUILDING CHARACTERISTICS

Use Group Present U 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.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ 1155.00

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

Out. clean. + Remove 1
550 gal tank 1/2 Heating oil
U.S.T

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

CITY OF VINELAND

Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION
PERMIT

Date Issued
Permit #

11-4-11
11-1463

IDENTIFICATION

BLOCK 5806 LOT14 CONTRACTOR
ADDRESS

WATKINS EXCAVATING

PO BOX 547

Work Site
Location:

1541 ALLEN AVE

FRANKLINVILLE, NJ 08322

OWNER IN FEE:

DENNIS ZUCCA

TELEPHONE NO.

(856)629-3443

Lic. No. or Bldrs.
Reg. No.

ADDRESS

1541 ALLEN AVE

Fed. Emp. No.

VINELAND, NJ 08360

TELEPHONE NO. ()

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT

☐ ELECTRIC ☐ FIRE PROTECTION

☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

REMOVE (1) 550 GAL #2 HEATING OIL UNDERGROUND STORAGE TANK

NOTE: If construction does not commence within one (one) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 1,495

KEVIN KIRCHNER

Construction Official

Date

11/4/11

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C.5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwelling are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling; For Dwellings-a sealed as built survey must be submitted to construction office prior to backfill inspection.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by an provision of the adopted subcodes; Barrier Free accessibility, if applicable; and verification of compliance with NJAC5:23-3.5, "posting structures".

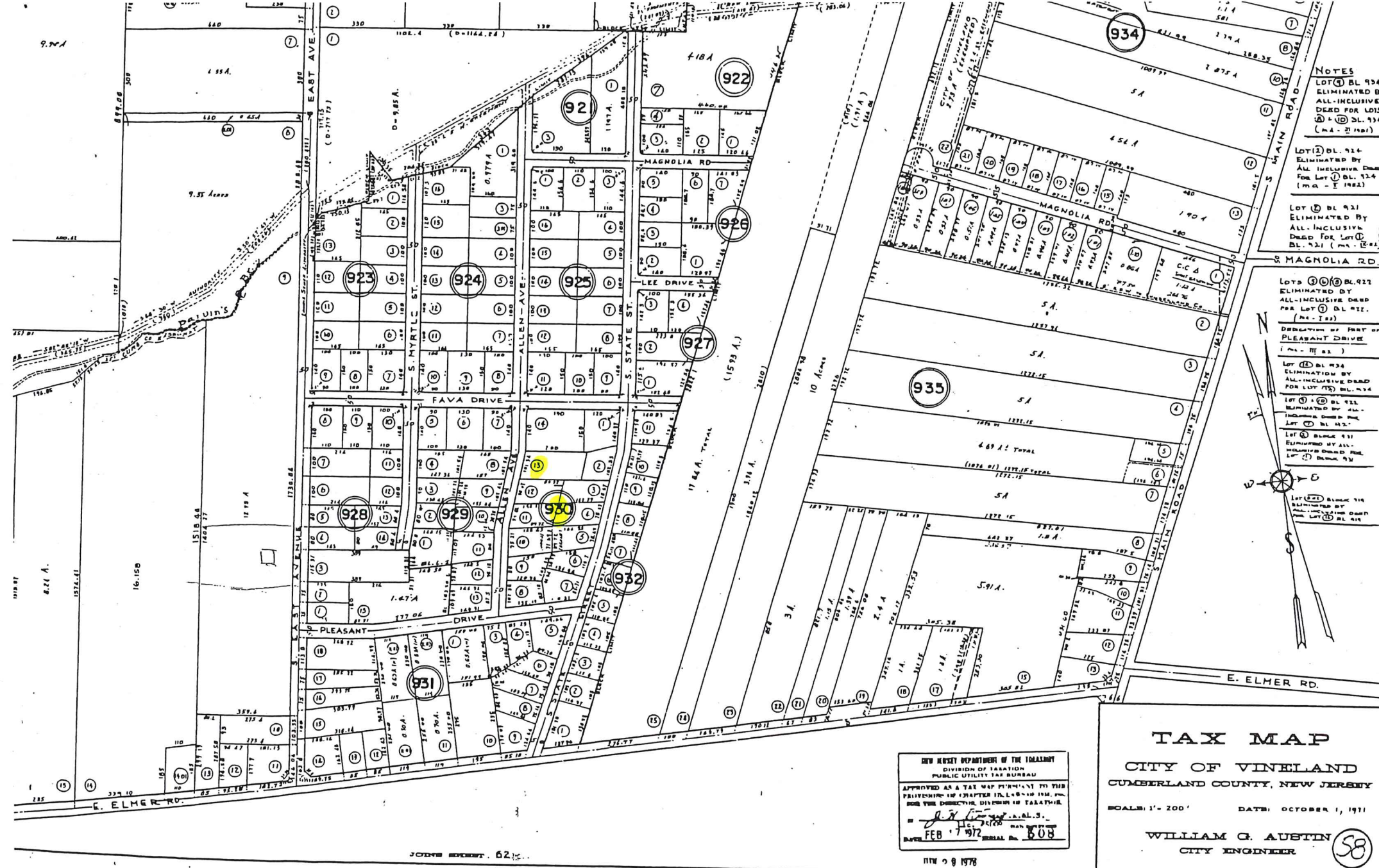
☐ A complete copy of released plans must be kept on the job site.

PAYMENTS	Office Use Only
BUILDING	\$75
ELECTRICAL	\$
PLUMBING	\$
FIRE PROTECTION	\$
ELEVATOR DEVICES	\$
OTHER	\$
STATE PERMIT FEE	\$
CERT. OF OCCUPANCY	\$
ZONING	\$
TOTAL	\$75
CHECK # 1074	
CASH	☐
COLLECTED BY	KKB

OFFICE USE ONLY				V. FEE SUMMARY (for office use only)		Update	Update	Update	Update	Update	Update	Update	Update
Building	Waiver	Approval Date	Re-viewer	1. Building	\$ 75								
ings/Foundations				2. Electrical									
ing				3. Plumbing									
itecture				4. Fire Protection									
ling				5. Elevator Devices									
trical				6. SUBTOTAL	\$								
bing				7. Less 20% for									
Protection				State Plan Review									
ator Devices				8. SUBTOTAL	\$								
				9. DCA Training Fee									
				10. SUBTOTAL	\$								
				11. Cert. of Occupancy									
				12. Other									
				13. TOTAL U.C.C.	\$								
				14. Zoning Permit	\$								
				15. TOTAL FEE	\$								
				16. C.O.A.H./N-R Dev. Fee	\$								
				17. TOTAL	\$ 75								

CERTIFICATES ISSUED (for office use only)		Date Issued	Date Expired	Date Reissued	Date Expired	C.O. NOTATIONS
Temporary Certificate of Occupancy	No.					
Temporary Certificate of Compliance	No.					
Insured Certificate of Occupancy	No.					
Certificate of Compliance	No.					
Certificate of Occupancy	No.					
Certificate of Approval	No.	3-26-13				
Abatement Clearance Certificate	No.					

T / INSPECTION STATUS			
ISSUE DATE	FINAL REQUIRED	CATEGORY	DATE OF FINAL APPROVAL
11-14-11	✓	ALL CONSTRUCTION	11-10-11
		BUILDING	
		Footings/Foundation	
		Framing	
		Architectural	
		Other	
		ELECTRICAL	
		PLUMBING	
		FIRE PROTECTION	
		ELEVATOR DEVICES	
		CERTIFICATE OF PARTICIPATION	
		WELL	
		SEPTIC	
		HEALTH DEPARTMENT	
		SOIL CONSERVATION	
		ASSESSOR C.O.A.H./N-R DEV. REVIEW	
		OTHER	
		OTHER	
		OTHER	
		OTHER	



NOTES
LOT 934
ELIMINATED BY
ALL-INCLUSIVE
DEED FOR LOTS
931-934
(M.A. - 21 1961)

LOT 921
ELIMINATED BY
ALL-INCLUSIVE
DEED FOR LOT 921
(M.A. - 21 1962)

LOT 931
ELIMINATED BY
ALL-INCLUSIVE
DEED FOR LOT 931
(M.A. - 21 1962)

LOTS 930-932
ELIMINATED BY
ALL-INCLUSIVE DEED
FOR LOT 931
(M.A. - 21 1962)

DEED OF FIRST OF
PLEASANT DRIVE
(M.A. - 21 1962)

LOT 934
ELIMINATED BY
ALL-INCLUSIVE DEED
FOR LOT 934
(M.A. - 21 1962)

LOT 931
ELIMINATED BY
ALL-INCLUSIVE DEED
FOR LOT 931
(M.A. - 21 1962)

LOT 931
ELIMINATED BY
ALL-INCLUSIVE DEED
FOR LOT 931
(M.A. - 21 1962)

LOT 931
ELIMINATED BY
ALL-INCLUSIVE DEED
FOR LOT 931
(M.A. - 21 1962)

LOT 931
ELIMINATED BY
ALL-INCLUSIVE DEED
FOR LOT 931
(M.A. - 21 1962)

LOT 931
ELIMINATED BY
ALL-INCLUSIVE DEED
FOR LOT 931
(M.A. - 21 1962)

LOT 931
ELIMINATED BY
ALL-INCLUSIVE DEED
FOR LOT 931
(M.A. - 21 1962)

LOT 931
ELIMINATED BY
ALL-INCLUSIVE DEED
FOR LOT 931
(M.A. - 21 1962)

LOT 931
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FOR LOT 931
(M.A. - 21 1962)

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FOR LOT 931
(M.A. - 21 1962)

LOT 931
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ALL-INCLUSIVE DEED
FOR LOT 931
(M.A. - 21 1962)

LOT 931
ELIMINATED BY
ALL-INCLUSIVE DEED
FOR LOT 931
(M.A. - 21 1962)



SHEET 62

THIS MAP HAS BEEN DRAWN U

Prepared by:


ROBERT A. De SANTO, ESQUIRE

DEED

This Deed is made on this 19 day of December, 2012,

Between **MARCELLO ZUCCA**, widower, whose address is 1541 Allen Avenue, Vineland, New Jersey 08360, referred to as the "Grantor,"

And **TOMAS ACEVEDO** and **ENIGDALIA ACEVEDO**, husband and wife, whose address is 430 West Walnut Road, Vineland, New Jersey 08360, referred to as the "Grantee." The words "Grantor" and "Grantee" shall mean all Grantors and all Grantees listed above.

Transfer of Ownership. The Grantor grants and conveys the property described below to the Grantee. This transfer is made for the sum of **ONE HUNDRED FIFTY-NINE THOUSAND NINE HUNDRED and 00/100 DOLLARS (\$159,900.00)**. The Grantor acknowledges receipt of this money.

Tax Map Reference. (N.J.S.A. 46:15-1.1) Municipality of City of Vineland, Block No. 5806, Lot No. 14, also known as 1541 Allen Avenue.

Property. The property consists of the land and all the buildings and structures on the land in the City of Vineland, County of Cumberland and State of New Jersey, more particularly described as follows:

BEGINNING at a point on the Easterly side of Allen Avenue, 150.00 feet, South 08 degrees 00 minutes West of its intersection with the Southerly side of Fava Drive, and extending; thence

- 1) South 82 degrees 00 minutes East, along Lots 14 & 1, 214.51 feet to a point for a corner; thence
- 2) South 20 degrees 15 minutes West, along Lot 2, 102.33 feet to a point for a former; thence
- 3) North 82 degrees 00 minutes West, along Lots 3 and 12, 210.43 feet to the Easterly side of Allen Avenue; thence
- 4) North 18 degrees 00 minutes East, along the same, 1.54 feet to the point and place of BEGINNING.

NOTE: Being Lot: 14, Block: 5806; Tax Map of The City of Vineland, County of Cumberland, State of New Jersey.

NOTE FOR INFORMATION ONLY: Mailing Address is 1541 Allen Ave, Vineland, NJ 08360-6407.

NOTE: Lot and Block shown for informational purposes only.

BEING the same land and premises which became vested in Marcello Zucca, widower, by deed from Dennis P. Zucca, Mark P. Zucca, and Sandra Zucca-Brown, joint tenants with right of survivorship, dated September 22, 2011, recorded February 15, 2012, in the Cumberland County Clerk's/Register's Office in Deed Book 4089, Page 5258.

GRUCCIO, PEPPER, De SANTO & RUTH, P.A.
817 LANDIS AVENUE, VINELAND, NEW JERSEY 08362-1501

654-22074



State of New Jersey
SELLER'S RESIDENCY CERTIFICATION/EXEMPTION
(C.55, P.L. 2004)

GIT/REP-3
(5-12)

(Please Print or Type)

SELLER(S) INFORMATION (See Instructions, Page 2)

Name(s)
Marcello Zucca

Current Resident Address:
Street: **1541 Allen Ave**

City, Town, Post Office
Vineland State NJ Zip Code
08360-6407

PROPERTY INFORMATION (Brief Property Description)

Block(s)	Lot(s)	Qualifier
5806	14	

Street Address:
1541 Allen Ave

City, Town, Post Office
Vineland State NJ Zip Code
08360-6407

Seller's Percentage of
Ownership Consideration Closing Date
100% \$159,900.00 December 19, 2012

SELLER ASSURANCES (Check the Appropriate Box) (Boxes 2 through 8 apply to Residents and Non-Residents)

1. ☒ I am a resident taxpayer (individual, estate, or trust) of the State of New Jersey pursuant to N.J.S.A. 54A:1-1 et seq. and will file a resident gross income tax return and pay any applicable taxes on any gain or income from the disposition of this property.
2. ☐ The real property being sold or transferred is used exclusively as my principal residence within the meaning of section 121 of the federal Internal Revenue Code of 1986, 26 U.S.C. s. 121.
3. ☐ I am a mortgagor conveying the mortgaged property to a mortgagee in foreclosure or in a transfer in lieu of foreclosure with no additional consideration.
4. ☐ Seller, transferor or transferee is an agency or authority of the United States of America, an agency or authority of the State of New Jersey, the Federal National Mortgage Association, the Federal Home Loan Mortgage Corporation, the Government National Mortgage Association, or a private mortgage insurance company.
5. ☐ Seller is not individual, estate or trust and as such not required to make an estimated payment pursuant to N.J.S.A. 54A:1-1 et seq.
6. ☐ The total consideration for the property is \$1,000 or less and as such, the seller is not required to make an estimated payment pursuant to N.J.S.A. 54A:1-1 et seq.
7. ☐ The gain from the sale will not be recognized for Federal income tax purposes under I.R.C. Section 721, 1031, 1033 or is a cemetery plot.
- (CIRCLE THE APPLICABLE SECTION). If such section does not ultimately apply to this transaction, the seller acknowledges the obligation to file a New Jersey income tax return for the year of the sale. (see instructions)
- ☐ No non-like kind property received.
8. ☐ Transfer by an executor or administrator of a decedent to a devisee or heir to effect distribution of the decedent's estate in accordance with the provisions of the decedent's will or the interstate laws of this state.
9. ☐ The property being sold is subject to a short sale instituted by the mortgagee, whereby the seller has agreed not to received any proceeds from the sale and the mortgagee will receive all proceeds paying off an agreed amount of the mortgage.
10. ☐ The deed being recorded is a deed dated prior to the effective date of P.L. 2004, c.55 (August 1, 2004), and was previously unrecorded.

SELLER(S) DECLARATION

The undersigned understands that this declaration and its contents may be disclosed or provided to the New Jersey Division of Taxation and that any false statement contained herein could be punished by fine, imprisonment, or both. I furthermore declare that I have examined this declaration and, to the best of my knowledge and belief, it is true, correct and complete. By checking this box, I certify that the Power of Attorney to represent the seller(s) has been previously recorded or is being recorded simultaneously with the deed to which this form is attached.

12/19/2012

Date

Marcello Zucca

Marcello Zucca

Signature (Seller) Please indicate if Power of Attorney or Attorney in Fact

AFFIDAVIT OF CONSIDERATION FOR USE BY SELLER

MUST SUBMIT IN DUPLICATES. (Chapter 49, P.L. 1968, as amended through Chapter 33, P.L. 2006) (N.J.S.A. 46:15-5 et seq.)

BEFORE COMPLETING THIS AFFIDAVIT, PLEASE READ THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM.

STATE OF NEW JERSEY
COUNTY Camden ^{1st} County Municipal Code
MUNICIPALITY OF PROPERTY LOCATION Vineland 0814 *Use sym

FOR RECORDER'S USE ONLY
Consideration \$ 157,900.00
RTF paid by seller \$ 175.00
Date 1-3-13 By pas A

(1) PARTY OR LEGAL REPRESENTATIVE (See Instructions #3 and #4 on reverse side)

Deponent, Marcello Zucca, being duly sworn according to law upon his/her oath,

deposes and says that he/she is the Grantor in a deed dated _____ transferring

(Grantor, Legal Representative, Corporate Officer, Officer of Title Company, Lending Institution, etc.)

real property identified as Block number 5806 Lot number 14 located at

1541 Allen Ave. Vineland, NJ and annexed thereto.

(Street Address, Town)

(2) CONSIDERATION \$ 157,900.00 (See Instructions #1 and #5 on reverse side) ☐ no prior mortgages to which property is subject.

(3) Property transferred is Class 4A 4B 4C (circle one), if property transferred is Class 4A, calculation in Section 3A below is required.

(3A) REQUIRED CALCULATION OF EQUALIZED VALUATION FOR ALL CLASS 4A COMMERCIAL PROPERTY TRANSACTIONS:

(See Instructions #5A and #7 on reverse side)

Total Assessed Valuation + Director's Ratio = Equalized Assessed Valuation

\$ _____ % = \$ _____

If Director's Ratio is less than 100%, the equalized valuation will be an amount greater than the assessed value. If Director's Ratio is equal to or in excess of 100%, the assessed value will be equal to the equalized valuation.

(4) FULL EXEMPTION FROM FEE (See Instruction #8 on reverse side)

Deponent states that this deed transaction is fully exempt from the Realty Transfer Fee imposed by C. 49, P.L. 1968, as amended through C. 66, P.L. 2004, for the following reason(s). Mere reference to exemption symbol is insufficient. Explain in detail.

(5) PARTIAL EXEMPTION FROM FEE (See Instruction #9 on reverse side)

NOTE: All boxes below apply to grantor(s) only. ALL BOXES IN APPROPRIATE CATEGORY MUST BE CHECKED. Failure to do so will void claim for partial exemption. Deponent claims that this deed transaction is exempt from State portions of the Basic Fee, Supplemental Fee, and General Purpose Fee, as applicable, imposed by C. 176, P.L. 1975, C. 113, P.L. 2004, and C. 66, P.L. 2004 for the following reason(s):

A. SENIOR CITIZEN Grantor(s) ☒ 62 years of age or over. * (See Instruction #9 on reverse side for A or B)

B. BLIND PERSON Grantor(s) ☐ legally blind or *

Or DISABLED PERSON Grantor(s) ☐ permanently and totally disabled ☐ Receiving disability payments ☐ Not gainfully employed *

Senior citizens, blind persons, or disabled persons must also meet all of the following criteria:

☒ Owned and occupied by grantor(s) at time of sale. ☐ Resident of State of New Jersey.

☒ One or two-family residential premises. ☐ Owners as joint tenants must all qualify.

*IN THE CASE OF HUSBAND AND WIFE/PARTNERS IN A CIVIL UNION COUPLE, ONLY ONE GRANTOR NEEDS TO QUALIFY IF TENANTS BY THE ENTIRETY.

C. LOW AND MODERATE INCOME HOUSING (See Instruction #9 on reverse side)

☐ Affordable according to H.U.D. standards. ☐ Reserved for occupancy.

☐ Meets income requirements of region. ☐ Subject to resale controls.

(6) NEW CONSTRUCTION (See Instructions #2, #10 and #12 on reverse side)

☐ Entirely new improvement. ☐ Not previously used for any purpose.

Not previously occupied.

NEW CONSTRUCTION printed clearly at the top of the first page of the deed.

(7) RELATED LEGAL ENTITIES TO LEGAL ENTITIES. (Instructions #5, #12, #14 on reverse side)

☐ No prior mortgage assumed or to which property is subject at time of sale.

☐ No contributions to capital by either grantor or grantee legal entity.

☐ No stock or money exchanged by or between grantor or grantee legal entities.

(8) Deponent makes this Affidavit to induce county clerk or register of deeds to record the deed and accept the fee submitted herewith in accordance with the provisions of Chapter 49, P.L. 1968, as amended through Chapter 33, P.L. 2006.

Subscribed and sworn to before me

this 19th day of Dec., 2012

Marcello Zucca

Signature of Deponent

1541 Allen Ave. Vineland, NJ

Deponent Address

Marcello Zucca

Grantor Name

110 Datz Way, Mellica Hill, NJ

Grantor Address at time of Sale

xxx-xxx-688

Last 3 digits in Grantor's Social Security Number

Foundation Title

Name/Company of Settlement Officer

SARAH B. JOHNSON
NOTARY PUBLIC OF NEW JERSEY
ID # 2422084
My Commission Expires 7/23/2017

FOR OFFICIAL USE ONLY
Instrument Number 4217431 County Camden
Deed Number 4089 Book 889 Page 833
Deed Dated 12-19-12 Date Recorded 1-3-13

County Recording Officers shall forward one copy of each Affidavit of Consideration for Use by Seller when Section 3A is completed.

STATE OF NEW JERSEY - DIVISION OF TAXATION

PO BOX 251

TRENTON, NJ 08695-0251

ATTENTION: REALTY TRANSFER FEE UNIT

The Director of the Division of Taxation in the Department of the Treasury has prescribed this form as required by law, and may not be altered or amended without prior approval of the Director. For information on the Realty Transfer Fee or to print a copy of this Affidavit, visit the Division of Taxation website at: www.state.nj.us/treasury/taxation/rtf/localtax.htm.

DEED

Dated: 12-19, 2012

MARCELLO ZUCCA,

Grantor,

to

TOMAS ACEVEDO
and ENIGDALIA ACEVEDO,

Grantee.

Record and Return to:

Foundation Title, LLC
782 S. Brewster Road
Suite B3
Vineland, NJ 08361

GRUCCIO, PEPPER, De SANTO & RUTH, P.A.
817 LANDIS AVENUE, VINELAND, NEW JERSEY 08362-1501