

Lorraine Baker

From: C.M. Richardson <opra+request-41978-3e10f985@requests.opramachine.com>
Sent: Monday, April 24, 2023 7:09 PM
To: GT Clerk
Subject: OPRA request - Property Permit - Cayuga Way

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Gloucester Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records Requested:

Any approved permits and supporting documentation for block:18324 lot:17 (39 Cayuga way)

Yours faithfully,
C.M. Richardson

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-41978-3e10f985@requests.opramachine.com

Is GTCLerk@glotwp.com the wrong address for OPRA requests to Gloucester Township? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=gloucester_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:

<https://opramachine.com/help/officers>

View this OPRA request & responses online:

https://opramachine.com/request/property_permit_cayuga_way

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.



Interoffice

MEMORANDUM

To: Nancy Power, Township Clerk

From: Cookie Pessagno

Re: Records Request

Date: Tuesday May 2, 2023

Dear Nancy,

This letter is regarding the records request from C.M. Richardson for the information you requested. **39 Cayuga Way Block 18324 Lot 17. Attached please find this is all the permits we have on this property. No Building Violation. If you have any questions, please feel free contact me at 856-374-3500.**

Thank you,

Cookie Pessagno

Construction Department

Gloucester Township

1261 Chews Landing Rd
Laurel Springs, NJ 08021

(856)374-3500 FAX (856)232-6229

Permit No. **20220532**

Control No. **89947**

Parcel(Block/Lot). **18324/17**

Applic/Issued. **3/16/22 / 3/29/22**

Construction Permit

Work Site Location **39 CAYUGA WAY, SICKLERVILL**

Contractor... **ESTATES AT LAKESIDE 1, LLC**

Owner in Fee..... **DKGT 18 LLC**

Address..... **1111 MARLKRESS RD.**

Address..... **701 COOPER RD #7**

CHERRY HILL, NJ 08003

VOORHEES, NJ 08043

Phone **(856)424-7000**

Phone **(856)424-7000**

Lic No..... **52392 - 11/30/24**

Fed Emp No. **851706178**

Permission is hereby granted to do the following work:

☒ BUILDING

☒ PLUMBING

☐ DEMOLITION

☐ ONGOING -

☒ ELECTRIC

☒ FIRE

☐ ASBESTOS ABATEMENT

☐ OTHER

☐ ELEVATOR

☐ MECHANICAL

☐ LEAD HAZARD ABATEMENT

Description of Work:

New SFD- Abington Trad Proto, 4-bed, 2 1/2 bath, 2-car garage, partial finished bsmnt w/ rough plumb for powder room.

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

Estimated Cost of Work: **\$180,795**

PAYMENTS * (Office Use Only)

Building	<u>\$2076</u>
Electrical	<u>270</u>
Plumbing	<u>584</u>
Fire Protection	<u>280</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>233</u>
Certificate of Occupancy	<u>100</u>
Other	<u>0</u>
Total	<u>\$3222</u>

Part/All Fees Waived

Check#/Cash.....	<u>2419</u>
Paid	<u>\$3222</u>
Collected By	<u>JA</u>

Total Administrative Fee: \$0

Construction Official

Date

*Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times*



Gloucester Township

BUILDING SUBCODE

TECHNICAL SECTION



Date Received **3/16/2022**
Control # **89947**
Date Issued **3/29/2022**
Permit # **20220532**

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

Block/Lot **18324/17**

Work Site Location **39 CAYUGA WAY**

Owner in Fee: **DKGT 18 LLC**
Tel. **(856)424-7000** e-mail _____
Address: **701 COOPER RD #7** **VOORHEES, NJ 08043**
City **VOORHEES** State **NJ** Zip **08043**
Contractor: **ESTATES AT LAKESIDE 1, LLC** Tel. **(356)424-7000**
Address: **1111 MARLKRESS RD., CHERRY HILL, NJ 08003** e-mail _____
Contractor License No. **52392** Exp. Date **11/30/24**
Federal Emp. ID No. **851706178** FAX **(856)424-7490**

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Type:	Failure Approval Initial
☐ All			Footings	
☐ Footings			Footings Bonding	
☐ Foundation			Foundation	
☐ Frame			Slab	
☐ Other			Frame	
Joint Plan Review Required			Truss Sys./Bracing	
☐ Elec. ☐ Plumb ☐ Fire ☐ Elevator			Barrier-Free	
			Insulation	
			Finishes-Base Layer	
			Finishes-Final	
			Energy	
			Mechanical	
			TCO	
			Final	
			Other	

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date: _____
Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group	Present	R-5	Proposed	
Constr. Class	Present	VB	Proposed	
No. of Stories				
Height of Structure				
Area - Largest Floor				
New Bldg. Area/All Floors		3209		
Volume of New Structure		62906		
Total Land Area Disturbed				

Est. Cost of Bldg. Work:

1. New Bldg.	\$	165,795
2. Rehabilitation	\$	
3. Total (1+2)	\$	165,795

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New SFD- Abington Trad Proto, 4-bed, 2 1/2 bath, 2-car garage, partial finished bsmt w/ rough plumb for powder room.

TYPE OF WORK

- ☒ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other
☐ Demolition

FEE (Office Use Only)
2,076

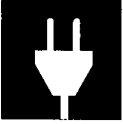
Administrative Surcharge \$ **0**
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$ **2,076**

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this form to your local construction code Enforcement Office, please provide one original plus three photocopies



Gloucester Township
ELECTRICAL SUBCODE
TECHNICAL SECTION



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

Block/Lot 18324/17

Work Site Location 39 CAYUGA WAY

Owner in Fee: DKGT 18 LLC

Tel. (856)424-7000

e-mail

Address: 701 COOPER RD #7

Street

VOORHEES, NJ 08043

Municipality

zip code

Contractor: TC ELECTRICAL COMPANY INC.

Tel. (302)791-9100

Address: 6701 GOVERNOR PRINTZ HWY, WILMINGTON, D

e-mail

Contractor License No.

Exp. Date

Federal Emp. ID No. 232122783

FAX. (302)791-9162

B. ELECTRICAL CHARACTERISTICS

Use Group Present

Proposed R-5

☐ Pole/pad #

☐ Temporary Service

☐ Other

Building Occupied as

Utility Co.

Est. Cost of Elec. Work \$ 4000

Descript: New SFD- Abington Trad Proto, 4-bed, 2 1

/2 bath, 2-car garage, partial finished bsmt w/ rough plumb for powder room.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Building [] Plumbing

[] Fire [] Elevator

[] Elec. Plans Approved

Date:

Approved by:

INSPECTIONS

Date

Initial

Type:

Rough

Barrier-Free

Trench

Temp. Serv.

Constr. Serv.

TCO

Other

Service

Final

Barrier-Free

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding

Certification

Date:

Approved by:

SUBCODE APPROVAL

[] CO [] CCC [] CA

DATES (Month/Day)

Failure

Approval

Initial

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

0

270

C. CERTIFICATION IN UEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Contractor ☐ Cert Landscape Contr

☐ Exempt Applc

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

49

Lighting Fixtures

102

Receptacles

56

Switches

9

Detectors

Light Pole

Motors—Fract. H

Emergency & Exit Lights

Communications Paints

Alarm Devices/F.A.C. Panel

222

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central AC Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 11+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$

155

15

15

15

15

55

0

270



Gloucester Township
FIRE PROTECTION SUBCODE
TECHNICAL SECTION

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

Block/Lot 18324/17

Work Site Location 39 CAYUGA WAY

Owner in Fee: DKG 18 LLC
Tel. (856)424-7000 e-mail
Address: 701 COOPER RD #7 VOORHEES, NJ 08043
Contractor: JAMES E. CONNER PLUMBING, INC. Tel. (856)784-0004
Address: 505 Route 168 Ste B&C, Turnersville, NJ 08012 e-mail
Fire Protection equipment, NJ Div of Fire Safety Permit No.
Fire Protection equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. Exp. Date
Federal Emp. ID No. 223159136 FAX

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5 Fire Alarm System: [] New OR [] Existing
Constr. Class Present VB Proposed Location of Panel
Heating System [] New [] Existing [] None [] HVAC Fire Suppression/Standpipe System:
Type [] Gas [] Oil [] Electric [] Solar [] Other [] New [] Existing [] None
Other Location of Main Control Valve:
Location

Fuel Storage Tank

Fuel Type [] Flammable [] Combustible [] None Capacity
Total Cost of Fire Protection Work \$ 5000

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Approval	Initial
[] No Plans Required		Alarm System			
Joint Plan Review Required:		Suppression Sys.			
[] Building	[] Plumbing	Standpipe			
[] Fire	[] Elevator	Fire Pump			
[] Fire Plans Approved		Pre-Eng. System			
Date:		Mechanical			
Approved by:		Smoke Control			
SUBCODE APPROVAL		Flam/Combust Tanks			
[] CO	[] CCO	TCO			
Date:		Fireplace Venting			
Approved by:		Final			
		Other			

Date Received 3/16/2022
Control # 89947
Date Issued 3/29/2022
Permit # 20220532



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

Applicant's Signature/Contractor's Signature
☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
New SFD- Abington Trad Proto, 4-bed, 2 1/2 bath, 2-car garage, partial finished bsmt w/ rough plumb for powder room.

Water Supply Source
Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks
Alarm Systems
☐ System
☐ Interconnected 110 v
☐ CO Detectors 110 v
Alarm Devices (i.e., smoke, heat, pulls, waterflow
Supervisor Devices (i.e., tampers, low/high air)
Signaling Devices (i.e., horn/strobes, bells)
Other Devices
TOTAL
Suppression System
Fire Pump GPM Type
Dry Pipe/Alarm Valves
Pre-action Valves
Springler Heads (Dry and Wet)
Standpipes
Pre-engineered Systems
Wet Chemical
Dry Chemical
CO2 Suppression
Foam Suppression
FM200 Suppression
Other
Other Systems
Kitchen Hood Exhaust System
Smoke Control System
Fired Appliances [] Gas or [] Oil
Fireplace Venting/Metal Chimney
Other
FEE (Office Use Only)
\$

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



Gloucester Township
PLUMBING SUBCODE
TECHNICAL SECTION



3/16/2022
89947
3/29/2022
20220532

Date Received
Control #
Date Issued
Permit #

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

Block/Lot 18324/17
Work Site Location 39 CAYUGA WAY

Owner in Fee: DKG 18 LLC

Tel. (856)424-7000 e-mail

Address: 701 COOPER RD #7 VOORHEES, NJ 08043

Contractor: JAMES E. CONNER PLUMBING, INC. Tel. (856)784-0004

Address: 505 Route 168 Ste B&C, Turnersville, NJ 08012 e-mail

Contractor License No. Exp. Date

Federal Emp. ID No. 223159136 Proposed R-5

B. PLUMBING CHARACTERISTICS

Use Group Present Public Sewer Private Septic

Building Sewer Size Public Water Private Septic

Water Service Size Public Water Private Septic

Est. Cost of Plumbing Work \$ 6000

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

4	Water Closet	48
3	Urinal/Bidet	36
6	Bath Tub	72
1	Lavatory	12
1	Shower	
1	Floor Drain	12
1	Sink	12
1	Dishwasher	
2	Drinking Fountain	24
1	Hose Bibb	12
1	Water Heater	12
1	Washing Machine	
1	Fuel Oil Piping	80
1	Gas Piping	
1	LP Gas Tank	
1	Steam Boiler	
1	Hot WaterBoiler	
1	Sewer Pump	80
1	Interceptor/Separator	
1	Backflow Preventer	
1	Grease Trap	
1	Sewer Connection	80
1	Water Service Connection	80
1	Stacks	12
1	Othersump pump	12
1	Otherice maker	
Administrative Surcharge \$		0
Minimum Fee \$		
State Permit Surcharge Fee \$		
Total Fees \$		584

Description of Work:

New SFD- Abington Trad Proto, 4-bed, 2 1/2 bath, 2-car garage, partial finished bsmt w/ rough plumb for powder room.

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Initial	Date	Type:	Failure	Approval	Initial
Joint Plan Review Required:					
[] Building	[] Plumbing	Slab			
[] Fire	[] Elevator	Rough			
[] Plumbing Plans Approved		Water			
		Sewer			
		Fixtures			
		Gas Equipment			
		Gas Piping			
		LP Gas Tank			
		Fuel Oil Piping			
		Solar			
		TCO			
Approved by:					
SUBCODE APPROVAL					
[] CO	[] CCO	[] CA			
Date:					
Approved by:					

C. CERTIFICATION IN UEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Plumbing Contractor [] Exempt Applicant

Gloucester Township

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

Permit No. **20220532 A**
Control No. **89948**
Parcel(Block/Lot). **18324/17**
Applic/Issued. **3/16/22 / 3/29/22**

Construction Permit

Work Site Location **39 CAYUGA WAY, SICKLERVILL** Contractor... **ESTATES AT LAKESIDE 1, LLC**
Owner in Fee..... **DKGT 18 LLC** Address..... **1111 MARLKRESS RD.**
Address..... **701 COOPER RD #7** **CHERRY HILL, NJ 08003**
VOORHEES, NJ 08043 Phone..... **(856)424-7000**
Phone..... **52392 - 11/30/24**
851706178

Permission is hereby granted to do the following work:

- | | | | |
|-----------------------------------|--|--|------------------------------------|
| ☐ BUILDING | ☐ PLUMBING | ☐ DEMOLITION | ☐ ONGOING - |
| ☐ ELECTRIC | ☒ FIRE | ☐ ASBESTOS ABATEMENT | ☐ OTHER |
| ☐ ELEVATOR | ☐ MECHANICAL | ☐ LEAD HAZARD ABATEMENT | |

Description of Work:

Fire update for smoke detectors

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

Estimated Cost of Work: **\$795**

Construction Official _____ Date _____

*Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times*

PAYMENTS * (Office Use Only)

Building	<u>\$0</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<u>35</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>2</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$33</u>

Part/All Fees Waived

Check#/Cash.....	<u>2419</u>
Paid	<u>\$33</u>
Collected By	<u>JA</u>

Total Administrative Fee: \$0



Gloucester Township

FIRE PROTECTION SUBCODE

TECHNICAL SECTION

Date Received **3/16/2022**
Control # **89948**
Date Issued **3/29/2022**
Permit # **20220532 A**

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

Block/Lot **18324/17**

Work Site Location **39 CAYUGA WAY**

Owner in Fee: **DKGT 18 LLC**
Tel. _____ e-mail _____
Address: **701 COOPER RD #7** **VOORHEES, NJ 08043**
TC ELECTRICAL COMPANY INC. **TC ELECTRICAL COMPANY INC.** **(302)791-9100**
Address: **6701 GOVERNOR PRINTZ HWY, WILMINGTON, DE 19806**
Fire Protection equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____ Exp. Date _____
Federal Emp. ID No. **232122783** FAX **(302)791-9162**

B. FIRE PROTECTION CHARACTERISTICS

Use Group **Present** **R-5** **Proposed** **Fire Alarm System: [] New OR [] Existing**
Constr. Class **Present** **Proposed** **Location of Panel** _____
Heating System **[] New [] Existing [] None [] HVAC** **Fire Suppression/Standpipe System:**
Type [] Gas [] Oil [] Electric [] Solar [] Other **[] New [] Existing [] None**
Other _____ **Location of Main Control Valve:** _____
Location _____

Fuel Storage Tank

Fuel Type **[] Flammable [] Combustible [] None** **Capacity** _____
Total Cost of Fire Protection Work \$ **795**

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
[] No Plans Required	Type:	Alarm System	Failure	Failure	Approval
Joint Plan Review Required:		Suppression Sys.			Initial
[] Building [] Plumbing		Standpipe			
[] Fire [] Elevator		Fire Pump			
[] Fire Plans Approved		Pre-Eng. System			
Date:		Mechanical			
		Smoke Control			
Approved by:		Flam/Combust Tanks			
SUBCODE APPROVAL		TCO			
[] CO [] CCO [] CA		Fireplace Venting			
Date:		Final			
Approved by:		Other			

U.C.C. P-120 (rev. 07/10) Applicant: When submitting this form to your local construction code Enforcement Office, please provide one original plus three photocopies



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

Applicant's Signature/Contractor's Signature
☒ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:
Fire update for smoke detectors

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks	FEE (Office Use Only)
Alarm Systems	
☐ System	
☒ Interconnected 110 v	
☐ CO Detectors 110 v	
Alarm Devices (i.e., smoke, heat, pulls, water/flow	5
Supervisor Devices (i.e., tampers, low/high air)	
Signaling Devices (i.e., horn/strobes, bells)	
Other Devices	2
CO det	35
TOTAL	
Suppression System	
Fire Pump	GPM Type
Dry Pipe/Alarm Valves	
Pre-action Valves	
Springing Heads (Dry and Wet)	
Standpipes	
Pre-engineered Systems	
Wet Chemical	
Dry Chemical	
CO ₂ Suppression	
Foam Suppression	
FM200 Suppression	
Other	
Other Systems	
Kitchen Hood Exhaust System	
Smoke Control System	
Fired Appliances [] Gas or [] Oil	
Fireplace Venting/Metal Chimney	
Other	
Administrative Surcharge \$	0
Minimum Fee \$	35
State Permit Surcharge Fee \$	
TOTAL FEE \$	35

Gloucester Township

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

Permit No. **20220532**
Control No. **89947**
Block/Lot **18324/17**
Date **8/29/22**

Certificate of Occupancy

IDENTIFICATION

Block/Lot 18324/17
Work Site Location 39 CAYUGA WAY
SICKLERVILLE, 08081
Owner in Fee/Occupant DKGT 18 LLC
Address 701 COOPER RD #7
VOORHEES, NJ 08043
(856) 424-7000
Telephone (856) 424-7000 FAX _____
Contractor ESTATES AT LAKESIDE 1, LLC
Address 1111 MARLKRESS RD.
CHERRY HILL, NJ 08003
Telephone (856) 424-7000 FAX _____
Lic. No. or Bldrs. Reg. No. 52392-11/30/22
Federal Emp. No. 851706178

CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:

NJ143570

Home Warranty No. _____

Type of Warranty Plan: ☒ State ☐ Private

Use Group

R-5

Maximum Live Load

40

Construction Classification

VB

Maximum Occupancy Load

Description of Work/Use:

New SFD- Abington Trad Proto, 4-bed, 2 1/2 bath, 2-car garage, partial finished bsmt w/ rough plumb for powder room.

CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (_____ years); see file

CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

Clames T. Gallagher, Construction Official

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

Permit Fee \$ **3,222**
Paid ☐ Check No. **2419**
Collected by: **JA**

Gloucester Township

1261 Chews Landing Rd

Laurel Springs, NJ 08021

(856)374-3500 FAX (856)232-6229

Permit No. **20222440**

Control No. **92110**

Parcel(Block/Lot). **18324/17**

Applic/Issued. **10/24/22 / 11/15/22**

Construction Permit

Work Site Location **39 CAYUGA WAY, SICKLERVILL**

Contractor... **AD ENERGY LLC**

Owner in Fee..... **MATHIS, CHRISTOPHER M & TANEKA D**

Address..... **423 COMMERCE LANE, STE 4**

Address..... **39 CAYUGA WAY**

WEST BERLIN, NJ 08091

SICKLERVILLE NJ 08081

Phone..... **(609)904-9009**

Phone..... **(267)342-1696**

Lic No..... **13VH07809600 - 3/31/23**

Fed Emp No. **264430933**

Permission is hereby granted to do the following work:

☒ BUILDING

☐ PLUMBING

☐ DEMOLITION

☐ ONGOING -

☒ ELECTRIC

☒ FIRE

☐ ASBESTOS ABATEMENT

☐ OTHER

☐ ELEVATOR

☐ MECHANICAL

☐ LEAD HAZARD ABATEMENT

Description of Work:

Solar Panel System - Rooftop

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

Estimated Cost of Work: **\$16,599**

PAYMENTS * (Office Use Only)

Building	<u>\$100</u>
Electrical	<u>165</u>
Plumbing	<u>0</u>
Fire Protection	<u>65</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>32</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$362</u>

Check#/Cash.....	<u>2112</u>
Paid	<u>\$362</u>
Collected By	<u>RR</u>

Total Administrative Fee: \$0

Construction Official

Date

*Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times*



Gloucester Township

BUILDING SUBCODE

TECHNICAL SECTION



Date Received **10/24/2022**
Control # **92110**
Date Issued **11/15/2022**
Permit # **20222440**

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

Block/Lot **18324/17**

Work Site Location **39 CAYUGA WAY**

Owner in Fee: **MATHIS, CHRISTOPHER M & TANEKA D**
Tel. **(267)342-1696** e-mail _____
Address: **39 CAYUGA WAY** **SICKLERVILLE NJ 08081** zip code _____
Contractor: **AD ENERGY LLC** Tel. **(609)904-9009**
Address: **423 COMMERCE LANE, STE 4, WEST BERLIN, N.J.** e-mail **permits@ad-energy.com**
Contractor License No. **028372** Exp. Date **9/30/24**
Federal Emp. ID No. **264430933** FAX **(609)479-2212**

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
[] No Plans Required	[] All			Type:	Failure	Approval	Initial
[] Footing	[] Foundation			Footing			
[] Slab	[] Frame			Footing Bonding			
[] Other	[] Truss Sys./Bracing			Foundation			
Joint Plan Review Required	[] Fire [] Elevator			Slab			
[] Elec. [] Plumb [] Fire [] Elevator				Frame			
SUBCODE APPROVAL				Truss Sys./Bracing			
[] CO [] CCO [] CA				Barrier-Free			
Date:				Insulation			
Approved by:				Finishes-Base Layer			
				Finishes-Final			
				Energy			
				Mechanical			
				TCO			
				Final			
				Other			

B. BUILDING CHARACTERISTICS

Use Group	Present	R-5	Proposed		Est. Cost of Bldg. Work :
Constr. Class	Present		Proposed		1. New Bldg. \$ 2,613
No. of Stories					2. Rehabilitation \$ 2,613
Height of Structure					3. Total (1+2) \$ 2,613
Area - Largest Floor					
New Bldg. Area/All Floors					
Volume of New Structure					
Total Land Area Disturbet					

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

Solar Panel System - Rooftop

TYPE OF WORK

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

FEE (Office Use Only)

Administrative Surcharge \$ **0**
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ **100**

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies



Gloucester Township ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block/Lot 18324/17

Work Site Location 39 CAYUGA WAY

Owner in Fee: MATHIS, CHRISTOPHER M & TANEKA D

Tel. (267)342-1696 e-mail

Address: 39 CAYUGA WAY SICKLERVILLE NJ 08081

Contractor: Ad Energy LLC (Elec) Tel. (609)760-4577

Address: 423 Commerce Ln Ste 4, West Berlin, NJ 08091 e-mail

Contractor License No. Exp. Date

Federal Emp. ID No. 264430933 FAX. (609)479-2212

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5
☐ Pole/pad # ☐ Temporary Service ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 13936 Descript: Solar Panel System - Rooftop

JOB SUMMARY (Office Use Only)

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

U.G.C. F130 (rev. 07/05) Applicant: When submitting this form to your local construction code Enforcement Office please provide one original plus three photocopies

Date Received 10/24/2022
Control # 92110

Date Issued 11/15/2022
Permit # 20222440

C. CERTIFICATION IN UEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Contractor ☐ Cert Landscape Contr ☐ Exempt Applc

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Pole

Motors—Fract. H

Emergency & Exit Lights

Communications Paints

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central AC Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 11+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

1 9

KW PV Array

165

\$

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

165

0



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.

Work Site Location

39 CAYUGA WAY

☐ Certified Contractor

☐ Exempt Applicant

Applicant's Signature/Contractor's Signature

Address: 39 CAYUGA WAY SICKLERVILLE NJ 08081

Contractor: **AD ENERGY LLC**
Tel. **(609)904-9009**

Address: 423 COMMERCE LANE, STE 4, WEST BERLIN, NJ 08091; permits@ad-energy.com

Fire Protection equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. _____ Exp. Date _____

Federal Emp. ID No
264430933
FAX (609)479-2212

Use Group	Present	Proposed	R-5	Fire Alarm System: [] New OR [] Existing
Constr. Class	Present	Proposed		Location of Panel _____
Heating System	☐ New	☐ Existing ☐ None	☐ HVAC	Fire Suppression/Standpipe System: ☐ New ☐ Existing ☐ None
Type ☐ Gas ☐ Oil	☐ Electric ☐ Solar	☐ Other		Location of Main Control Valve: _____
Other _____				

Other _____

Location of Main Control Valve: _____

Location _____

Fuel Storage Tank
 Fuel Type ☐ Flammable ☐ Combustible ☐ None
 Capacity _____

PLAN REVIEW		Type:	Failure	Approval	Initial
☐ ☐ No Plans Required		Alarm System			
Joint Plan Review Required:		Suppression Sys.			
☐ ☐ Building	☐ ☐ Plumbing	Standpipe			
☐ ☐ Fire	☐ ☐ Elevator	Fire Pump			
☐ ☐ Fire Plans Approved		Pre-Eng. System			
Date: _____		Mechanical			
		Smoke Control			
Approved by: _____		Flam/Combust Tanks			
SUBCODE APPROVAL		TCO			
☐ ☐ CO	☐ ☐ CCO	Fireplace Venting			
☐ ☐ CA		Final			
Date: _____		Other _____			
Approved by: _____					

J.C.C. F120 (rev. 07105)
Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies.
internet version

Gloucester Township

1261 Chews Landing Rd

Laurel Springs, NJ 08021

(856)374-3500

FAX (856)232-6229

Permit No. 20222440

Control No. 92110

Block/Lot 18324/17

Date 12/20/22

Certificate of Approval

IDENTIFICATION

Block/Lot 18324/17
Work Site Location 39 CAYUGA WAY
SICKLERVILLE, 08081
Owner in Fee/Occupant MATHIS, CHRISTOPHER M & TANEKA D
Address 39 CAYUGA WAY
SICKLERVILLE NJ 08081
Telephone (267)342-1696
Contractor AD ENERGY LLC
Address 423 COMMERCE LANE, STE 4
WEST BERLIN, NJ 08091
Telephone (609)904-9009 FAX
Lic. No. or Bldrs. Reg. No. 13VH07809600- 3/31/22
Federal Emp. No. 264430933

Home Warranty No.

Type of Warranty Plan: [] State [] Private

Use Group R-5

Maximum Live Load

Construction Classification

Maximum Occupancy Load

Description of Work/Use:

Solar Panel System - Rooftop

CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or the owner will be subject to fine or order to vacate:

CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (years); see file

CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

James T. Gallagher, Construction Official

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

Permit Fee \$

362

Paid [] Check No.

2112

Collected by:

RR