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Property Reports

anonymous made this OPRA request to Tuckerton Borough

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Response to this request is **delayed**. By law, Tuckerton Borough should normally have responded **promptly** and by **September 29, 2022** ([details](#))

anonymous **September 20, 2022**

Unknown

Dear Tuckerton Borough,

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:

Police reports / responses to 228 Western Ave, Tuckerton Borough, Domestic Violence, Assault, Altercations, MV Accidents, Complaints

Including any Permits and Violations from 2016 - 9/20/2022 (current)

Yours faithfully

BL 18 L 21-02

anonymous **October 16, 2022**

Unknown

Dear Tuckerton Borough,

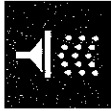
Please Advise

Yours faithfully,

anonymous



PLUMBING 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 18 Lot 2102 Qualification Code _____
Work Site Location 208 WILSON AVE
Township AT

Owner in Fee: OLSON
Tel. _____ e-mail _____
Address 50001

Contractor MARK CAUREY municipality _____ Tel. _____
Address 10008/327 MANAHLA WAY e-mail _____
Contractor License No. 10206 Exp. Date 6/1/19
Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 36405023400
Federal Emp. ID No. 81-2428341 FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 2800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☒ No Plans Required	Joint Plan Review Required:	Type:	Failure	Approval	Initial
☐ Building	☐ Electric	Slab			
☐ Fire	☐ Elevator	Rough			
		Gas Piping			
		Sewer			
		Water			
		Gas Equipment			
		Other			
		LP Gas Tank			
		Fuel Oil Piping			
		Solar			
		TCO			

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or) 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
Mark Caurey

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

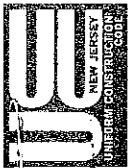
D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Ice Maker	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Gas Appliances	
	Boiler	
	Sump Pump	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

Date Received
Control #

Date Issued
Permit #



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 _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____ e-mail _____

Tel. () _____

Address _____

Contractor: _____

Address _____

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 _____

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

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [] New OR [] Modification to Existing _____

OR [] Conversion OR [] Replacement _____

Fuel Type: [] Gas [] Oil [] Electric [] Solar _____

Other _____

Location: _____

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Failure	Approval
[] No Plans Required	Alarm System	_____	_____	_____	_____
[] Partial Underslab Utilities Approved	Suppression Sys.	_____	_____	_____	_____
Date: _____	Standpipe	_____	_____	_____	_____
[] Fire Protection Plans Approved	Fire Pump	_____	_____	_____	_____
Date: _____	Pre-Eng. System	_____	_____	_____	_____
Joint Plan Review Required:	Mechanical	_____	_____	_____	_____
[] Bldg. [] Elec. [] Plumb. [] Elev.	Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	TCO	_____	_____	_____	_____
Date: _____	Flam/Combust Tanks	_____	_____	_____	_____
Approved by: _____	Fireplace Venting	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Final	_____	_____	_____	_____
[] CO [] CCO [] CA	Other	_____	_____	_____	_____
Date: _____		_____	_____	_____	_____
Approved by: _____		_____	_____	_____	_____

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 sign/Contractor sign and seal here: _____

Print name here: _____

D. TECHNICAL SITE DATA [] Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

DESCRIPTION OF WORK:	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[] System		
[] 110v Interconnected		
[] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler 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		
Fuel-Fired Appliances, [] Gas [] Oil [] Solid		
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge \$		
Minimum Fee \$		
State Permit Surcharge Fee \$		
TOTAL FEE \$		

224
WESTERN

TUCKERTON
BOROUGH
OFFICE

TU 7

VIOLATION NOTICE

Please be advised that you are in violation of existing Tuckerton Borough ordinance(s) regarding the following violation (s)

- | | |
|---|--|
| ☐ HIGH WEEDS, GRASSES # 103-1 & IMPC | ☐ Bulkhead Maintenance # 118-9 |
| ☐ TRASH & DEBRIS # 210-3 & IPMC# 308.1 | ☐ VISUAL OBSTRUCTION #255-36 |
| ☐ UNREGISTERED VEHICLE # 210-4 | ☐ NO ZONING PERMIT #255-63.4 |
| ☐ NO POOL PERMIT 255-44 (D) | ☐ NO RENTAL C.I. # 122-1 |
| ☐ DOG RUNNING AT LARGE # 93-1 | ☐ SNOW REMOVAL # 229-28 |
| ☐ NO BUILDING PERMIT # 231-27 | ☐ CONST. EQUIP. ON RES. LOT # 255-48.1 |
| ☐ PROPERTY MAINTENANCE # 210 & IMPC #302 | ☐ SIGNS GENERAL REGULATIONS 255-61 |
| ☐ HOUSE NUMBERS # 110 (1-11) | ☒ FENCE CONST. & MAINT. 210-10 |
| ☐ PROTECTIVE TREATMENT IMPC 304.2 | ☐ BOAT/TRAILER STORAGE 255-48.1(D) |

MR. OLSEN PLEASE GIVE THIS OFFICE A CALL UPON RECEIPT OF THIS NOTICE. THANK YOU.

You are being issued this notice as a courtesy. You have 10 days from the date of this notice to contact this office or comply with this request. Failure to do this may result in a summons being issued to you. If there are any questions please call 609-296-3254.

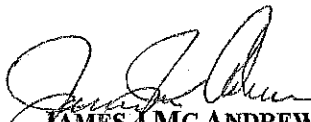
***IMPC International Property Maintenance Code

Name: Mr. & Mrs. Kirk D. Olsen

Date 9/22/2020

Address 228 Western Ave. Tuckerton NJ 08087

Site: 228 Western Ave. Tuckerton NJ 08087 Block: 18 Lot: 21.02


JAMES J MC ANDREW
CODE ENFORCEMENT OFFICER
TUCKERTON N.J. 08087
609-296-3254