



Interoffice

MEMORANDUM

To: Nancy Power, Township Clerk

From: Cookie Pessagno

Re: Records Request

Date: Tuesday August,9 2022

Dear Nancy,

This letter is regarding the records request from *Derek Grothues* information you requested on 121 West Church St Block 10607 Lot 5-7 Please note Attached are all permits for this property, for oil tanks input and removal and a permit 2011-1135 that remains open no inspections done and no Building Violation. For any other Environmental Questions please Contact the EPA as we do not handle spills of any kind. If you have any questions, please feel free contact me at 856-374-3500.

Thank you,

Cookie Pessagno

Construction Department

P.S. This opora was completed on 8-8-22 for your Company please check with Co workers before sending in for dup info.
Thank you

Lorraine Baker

From: Derek Grothusen <opra+request-34795-f6fa40b7@requests.opramachine.com>
Sent: Thursday, August 18, 2022 10:26 AM
To: GT Clerk
Subject: OPRA request - Underground Storage Tank Closure Documentation

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:

EnviroSure recently sent a request pertaining to the property of 121 West Church Street (formerly 117 West Church Street), Gloucester Township, NJ (Block 10607, Lots 5 and 7), and received documentation that included permits for the removal of a 1,000-gallon #2 heating oil underground tank as well as the removal of other tanks. We are requesting any closure documentation that may be available for these removals, if they exist and are available. Thank you.

Yours faithfully,

Derek Grothusen
EnviroSure, Inc.

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-34795-f6fa40b7@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/underground_storage_tank_closure

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.

Lorraine Baker

From: Valerie Daberkoe <opra+request-34339-66285914@requests.opramachine.com>
Sent: Tuesday, August 2, 2022 9:02 AM
To: GT Clerk
Subject: OPRA request - Environmental Records

Categories: Red Category

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:

EnviroSure is conducting a Phase I ESA at 121 West Church Street (Block 10607; Lots 5 and 7). In that regard, we are requesting a search of all files pertaining to the property. Especially, underground storage tanks, environmental concerns, building permits and ownership records.

Thank you.

Valerie Daberkoe
EnviroSure, Inc.

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-34339-66285914@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/environmental_records_155

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.

COMMISSION OF GLOUCESTER
COUNCIL DEPT. INFO 374-3500
FOR INSPECTIONS--374-3500

DATE: 10/10/88
OFFICE: 10/10/88
FILE: 10/10/88

100 NEW YORK
CITY DEPT. OF
HUMANITIES

TO: [illegible]
FROM: [illegible]
SUBJECT: [illegible]
[The following text is extremely faint and largely illegible, appearing to be a multi-paragraph letter or report.]

7-320

Bernard Shekford



OFFICIAL USE ONLY

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-22-2011 BY 60322
UCBAW/BJA

Case No.	Date Received	Date Issued	Control #	Remarks
100-100000	10/10/60	10/10/60	100000	

[illegible][illegible][illegible]

100

Figure 1. The effect of the concentration of the *Agaricus bisporus* spores on the growth of *Agaricus bisporus* on the substrate. The concentration of the spores was 10⁴, 10⁵, 10⁶, 10⁷, 10⁸, 10⁹, 10¹⁰, 10¹¹, 10¹², 10¹³, 10¹⁴, 10¹⁵, 10¹⁶, 10¹⁷, 10¹⁸, 10¹⁹, 10²⁰, 10²¹, 10²², 10²³, 10²⁴, 10²⁵, 10²⁶, 10²⁷, 10²⁸, 10²⁹, 10³⁰, 10³¹, 10³², 10³³, 10³⁴, 10³⁵, 10³⁶, 10³⁷, 10³⁸, 10³⁹, 10⁴⁰, 10⁴¹, 10⁴², 10⁴³, 10⁴⁴, 10⁴⁵, 10⁴⁶, 10⁴⁷, 10⁴⁸, 10⁴⁹, 10⁵⁰, 10⁵¹, 10⁵², 10⁵³, 10⁵⁴, 10⁵⁵, 10⁵⁶, 10⁵⁷, 10⁵⁸, 10⁵⁹, 10⁶⁰, 10⁶¹, 10⁶², 10⁶³, 10⁶⁴, 10⁶⁵, 10⁶⁶, 10⁶⁷, 10⁶⁸, 10⁶⁹, 10⁷⁰, 10⁷¹, 10⁷², 10⁷³, 10⁷⁴, 10⁷⁵, 10⁷⁶, 10⁷⁷, 10⁷⁸, 10⁷⁹, 10⁸⁰, 10⁸¹, 10⁸², 10⁸³, 10⁸⁴, 10⁸⁵, 10⁸⁶, 10⁸⁷, 10⁸⁸, 10⁸⁹, 10⁹⁰, 10⁹¹, 10⁹², 10⁹³, 10⁹⁴, 10⁹⁵, 10⁹⁶, 10⁹⁷, 10⁹⁸, 10⁹⁹, 10¹⁰⁰, 10¹⁰¹, 10¹⁰², 10¹⁰³, 10¹⁰⁴, 10¹⁰⁵, 10¹⁰⁶, 10¹⁰⁷, 10¹⁰⁸, 10¹⁰⁹, 10¹¹⁰, 10¹¹¹, 10¹¹², 10¹¹³, 10¹¹⁴, 10¹¹⁵, 10¹¹⁶, 10¹¹⁷, 10¹¹⁸, 10¹¹⁹, 10¹²⁰, 10¹²¹, 10¹²², 10¹²³, 10¹²⁴, 10¹²⁵, 10¹²⁶, 10¹²⁷, 10¹²⁸, 10¹²⁹, 10¹³⁰, 10¹³¹, 10¹³², 10¹³³, 10¹³⁴, 10¹³⁵, 10¹³⁶, 10¹³⁷, 10¹³⁸, 10¹³⁹, 10¹⁴⁰, 10¹⁴¹, 10¹⁴², 10¹⁴³, 10¹⁴⁴, 10¹⁴⁵, 10¹⁴⁶, 10¹⁴⁷, 10¹⁴⁸, 10¹⁴⁹, 10¹⁵⁰, 10¹⁵¹, 10¹⁵², 10¹⁵³, 10¹⁵⁴, 10¹⁵⁵, 10¹⁵⁶, 10¹⁵⁷, 10¹⁵⁸, 10¹⁵⁹, 10¹⁶⁰, 10¹⁶¹, 10¹⁶², 10¹⁶³, 10¹⁶⁴, 10¹⁶⁵, 10¹⁶⁶, 10¹⁶⁷, 10¹⁶⁸, 10¹⁶⁹, 10¹⁷⁰, 10¹⁷¹, 10¹⁷², 10¹⁷³, 10¹⁷⁴, 10¹⁷⁵, 10¹⁷⁶, 10¹⁷⁷, 10¹⁷⁸, 10¹⁷⁹, 10¹⁸⁰, 10¹⁸¹, 10¹⁸², 10¹⁸³, 10¹⁸⁴, 10¹⁸⁵, 10¹⁸⁶, 10¹⁸⁷, 10¹⁸⁸, 10¹⁸⁹, 10¹⁹⁰, 10¹⁹¹, 10¹⁹², 10¹⁹³, 10¹⁹⁴, 10¹⁹⁵, 10¹⁹⁶, 10¹⁹⁷, 10¹⁹⁸, 10¹⁹⁹, 10²⁰⁰, 10²⁰¹, 10²⁰², 10²⁰³, 10²⁰⁴, 10²⁰⁵, 10²⁰⁶, 10²⁰⁷, 10²⁰⁸, 10²⁰⁹, 10²¹⁰, 10²¹¹, 10²¹², 10²¹³, 10²¹⁴, 10²¹⁵, 10²¹⁶, 10²¹⁷, 10²¹⁸, 10²¹⁹, 10²²⁰, 10²²¹, 10²²², 10²²³, 10²²⁴, 10²²⁵, 10²²⁶, 10²²⁷, 10²²⁸, 10²²⁹, 10²³⁰, 10²³¹, 10²³², 10²³³, 10²³⁴, 10²³⁵, 10²³⁶, 10²³⁷, 10²³⁸, 10²³⁹, 10²⁴⁰, 10²⁴¹, 10²⁴², 10²⁴³, 10²⁴⁴, 10²⁴⁵, 10²⁴⁶, 10²⁴⁷, 10²⁴⁸, 10²⁴⁹, 10²⁵⁰, 10²⁵¹, 10²⁵², 10²⁵³, 10²⁵⁴, 10²⁵⁵, 10²⁵⁶, 10²⁵⁷, 10²⁵⁸, 10²⁵⁹, 10²⁶⁰, 10²⁶¹, 10²⁶², 10²⁶³, 10²⁶⁴, 10²⁶⁵, 10²⁶⁶, 10²⁶⁷, 10²⁶⁸, 10²⁶⁹, 10²⁷⁰, 10²⁷¹, 10²⁷², 10²⁷³, 10²⁷⁴, 10²⁷⁵, 10²⁷⁶, 10²⁷⁷, 10²⁷⁸, 10²⁷⁹, 10²⁸⁰, 10²⁸¹, 10²⁸², 10²⁸³, 10²⁸⁴, 10²⁸⁵, 10²⁸⁶, 10²⁸⁷, 10²⁸⁸, 10²⁸⁹, 10²⁹⁰, 10²⁹¹, 10²⁹², 10²⁹³, 10²⁹⁴, 10²⁹⁵, 10²⁹⁶, 10²⁹⁷, 10²⁹⁸, 10²⁹⁹, 10³⁰⁰, 10³⁰¹, 10³⁰², 10³⁰³, 10³⁰⁴, 10³⁰⁵, 10³⁰⁶, 10³⁰⁷, 10³⁰⁸, 10³⁰⁹, 10³¹⁰, 10³¹¹, 10³¹², 10³¹³, 10³¹⁴, 10³¹⁵, 10³¹⁶, 10³¹⁷, 10³¹⁸, 10³¹⁹, 10³²⁰, 10³²¹, 10³²², 10³²³, 10³²⁴, 10³²⁵, 10³²⁶, 10³²⁷, 10³²⁸, 10³²⁹, 10³³⁰, 10³³¹, 10³³², 10³³³, 10³³⁴, 10³³⁵, 10³³⁶, 10³³⁷, 10³³⁸, 10³³⁹, 10³⁴⁰, 10³⁴¹, 10³⁴², 10³⁴³, 10³⁴⁴, 10³⁴⁵, 10³⁴⁶, 10³⁴⁷, 10³⁴⁸, 10<

1. *Introduction*

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

3

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[illegible]

Figure 1 is a line graph showing the time course of the effect of 100 mg/kg of diazepam on the plasma concentration of diazepam in rats. The y-axis is labeled 'Plasma concentration (mg/ml)' and ranges from 0 to 1.0. The x-axis is labeled 'Time (h)' and ranges from 0 to 12. There are two data series: one represented by open circles (○) and another by open squares (□). Both series show a peak concentration around 2 hours, followed by a decline. The open circle series is consistently higher than the open square series.

[illegible][illegible][illegible][illegible]

$\frac{d}{dt} \left(\frac{\partial L}{\partial \dot{x}} \right) = \frac{\partial L}{\partial x}$

[illegible]
$$\begin{aligned} \frac{\partial}{\partial t} \left(\frac{1}{2} \rho \mathbf{u} \cdot \mathbf{u} \right) &= \frac{1}{2} \rho \frac{d}{dt} \left(\mathbf{u} \cdot \mathbf{u} \right) \\ &= \frac{1}{2} \rho \left(\mathbf{u} \cdot \frac{d\mathbf{u}}{dt} + \frac{d\mathbf{u}}{dt} \cdot \mathbf{u} \right) \\ &= \rho \mathbf{u} \cdot \frac{d\mathbf{u}}{dt} \end{aligned}$$
[illegible]

Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains. The *Agrobacterium* strains were cultured in YEA medium for 24 h at 28 °C. The cell concentration of the *Agrobacterium* suspension was adjusted to 10⁶ cells/ml. The *Agrobacterium* suspension was then mixed with the plant tissue and the transformation efficiency was determined. The results are shown in Table 1.

[illegible][illegible][illegible][illegible]

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: the control group (CG) and the experimental group (EG). The CG was divided into two subgroups: the control group (CG) and the control group (CG). The EG was divided into two subgroups: the experimental group (EG) and the experimental group (EG). The subjects were divided into two groups: the control group (CG) and the experimental group (EG). The CG was divided into two subgroups: the control group (CG) and the control group (CG). The EG was divided into two subgroups: the experimental group (EG) and the experimental group (EG).

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530718

WILLIAM J. HARRIS

[illegible]

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: the control group (n = 10) and the intervention group (n = 10). The control group received a standard care protocol, while the intervention group received a standard care protocol plus a 12-week intervention program. The intervention program consisted of a combination of physical and psychological interventions. The subjects were assessed at baseline, 4 weeks, 8 weeks, and 12 weeks. The primary outcome was the change in the level of physical activity, measured in minutes per week. The secondary outcome was the change in the level of psychological well-being, measured in the SF-36 questionnaire.

Figure 1. $\log_{10}$ of the relative abundance of *Salmonella* spp. in the faeces of *Salmonella*-positive and *Salmonella*-negative cattle. The faecal samples were collected from the rectum of the cattle and were analysed by the *Salmonella* isolation protocol. The faecal samples were collected from the rectum of the cattle and were analysed by the *Salmonella* isolation protocol. The faecal samples were collected from the rectum of the cattle and were analysed by the *Salmonella* isolation protocol.

Figure 1 shows a 1D chain of particles. A central particle is labeled 'i'. To its right, a particle is labeled 'j'. A distance 'r' is indicated between particles 'i' and 'j'. A force 'F' is shown acting on particle 'i' to the right. A coordinate system is shown at the bottom with 'x' and 'y' axes. The origin is at the center of particle 'i'. The distance 'r' is also labeled as 'r = |r_i - r_j|'.

[illegible]

$\frac{d}{dt} \left(\frac{\partial L}{\partial v^j} \right) = \frac{\partial L}{\partial x^j}$

[illegible][illegible]

Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains. The concentration of the *Agrobacterium* suspension was 10⁶ cells/ml (○), 10⁷ cells/ml (□), 10⁸ cells/ml (△), 10⁹ cells/ml (◇), and 10¹⁰ cells/ml (×). The error bars represent the standard deviation of three independent experiments.

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TOWNSHIP OF GLOUCESTER
CONST. DEPT. INFO-374-3500
FOR INSPECTIONS--374-3502

Date Issued 06/03/97
Control #
Permit # 97-0556

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 10607 Lot 5
Work Site Location 121 CHURCH STREET
Owner In Fee SAINT JAMES SCHOOL
Address 121 W. CHURCH STREET
BLACKWOOD, NJ 08012-
Telephone (609) 228-7076
Contractor R. MC ALLISTER
Address 7116 PARK AVE
PENNSAUKEN, NJ 08109
Telephone (609) 665-4545
Lic. No. or Bldg. Reg. No.
Federal Exp. No. 21-0510480
or Social Security No.

Home Warranty No.
Type of Warranty Plan: ☐ State ☐ Private
Use Group H
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

2-320 GALLON OIL TANKS IN BASEMENT

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ 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 the following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:

☐ 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 _____.

Fee \$
Paid ☐ Check No.
Collected by:
Date

Bernard Shephard
CONSTRUCTION OFFICIAL

Application for a Permit

Township of Gloucester
Construction Department
PO Box 8 Blackwood, NJ
Phone (609) 228-4000

Site Address 117 W. Church St Blackwood
Block 10807 Lot 5
Owner in Fee ST AGNES School
Address 117 W. Church St
City Blackwood State NJ Zip 08012

- ☐ Check if this is a update to existing permit#
☐ If Prototype, give model
☐ Change of Contractor, fill in sub-code where it applies

Two Complete Sets of Plans are Required

Fill in Only the Subcodes that apply to the work you are doing

BUILDING SUB-CODE ELECTRICAL SUB-CODE

Fill in all information below

Contractor R. McAllister
Address 7116 PARK AVE
City PENNSBORO State NJ Zip 08109
Phone (PO) 232-4977
License # _____ Expires _____
Federal ID or Social Security # 21-051-0480

Fill in all information below

Contractor _____
Address _____
City _____ State _____ Zip _____
Phone () _____
License # _____ Expires _____
Federal ID or social Security # _____

Type of Work
☐ New Building ☐ Fence _____ height
☐ Addition ☐ Sign _____ Sq.Ft.
☐ Alteration ☐ Pool _____ Size
☐ Roofing ☐ Asbestos Abatement
☐ Siding ☐ Demolition
☒ Other 2-320 GARDEN BATHROOM FLOOR ON PARK

Technical Site Data (List all fixtures)

Item	No. Kw	Item	No. Kw
Fixtures (1)		Range	
Receptacles (2)		Oven (s)	
Switches (3)		Surface Unit	
Totals (1+2+3)		Dishwasher	
Burglar Alarm		Garbage Disposal	
Intercom Panels		Dryer	
Smoke Detectors		A/C Unit	
Pool bonding		Whirlpool/Spa	
Pool motors		Water heater	
Pool lights		Baseboard heat	
Heat: gas-oil-elec		Heat Pump	
Thermostats		Pumps	
Signs		Motor controls	
Light Standards		Sub Panels	
Motors/fractional		Motors/all other	
Transformers		Generators	
Service entrance		Other	

Building Characteristics
Use Group.....Present _____ Proposed _____
Construction Class.....Present _____ Proposed _____
No. of stories _____ Height of structure _____
Area: Largest floor _____ Sq.Ft.
Total: All floors _____ Sq.Ft.
Volume of Structure _____ Cu.Ft.
Total land area disturbed _____ Sq.Ft.
Estimated Cost of building work
New Building (1).....\$ _____
Alterations (2).....\$ _____
Totals (1+2).....\$ 4500

Utility Company.....[] PSE&G.....[] Atlantic Electric

Estimated Cost of Electrical Work.....\$ _____

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 R. McAllister

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 _____
[] Licensed Electrical Contractor [] Exempt Applicant
Place Seal Here

PLUMBING SUBCODE

Fill in all information below

Contractor _____
Address _____
City _____ State _____ Zip _____
Phone () _____
License # _____ Expires _____
Federal ID or Social Security # _____

Technical Site Data (List all Fixtures)

No. Fixture / Equipment
____ Water Closet
____ Urinal / Bidet
____ Bath Tub
____ Lavatory
____ Shower
____ Floor Drains
____ Sinks
____ Dishwasher
____ Drinking Fountain
____ Washing Machines
____ Hose Bibs
____ Gas Piping / Gas Service
____ Fuel Oil Piping
____ Water Heater
____ Steam Boiler
____ Hot Water Boiler
____ Sewer Pump
____ Interceptor / Separator
____ Backflow Preventor
____ Greasetraps
____ WaterCooled A/C or Refrigeration Unit
____ Sewer Connection
____ Water Service Connection
____ Active Solar System

Other _____

Comments _____

Estimated Cost of Plumbing Work.....\$ _____

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 _____

[] Licensed Plumbing Contractor
Place Seal Here [] Exempt Applicant

FIRE SUBCODE

Fill in all information below

Contractor R. McAllister
Address 7116 PARK AVE
City PAWNSHAW State N.J Zip 08109
Phone (800) 233-4977
License # _____ Expires _____
Federal ID or Social Security # 21-651-0480

Technical Site Data (Discription of Work)

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

[] Flammable Storage Tanks Cap _____ Fuel _____
[2] Combustible Storage Tanks Cap 330 Fuel #2 OIL
[] LP Gas Storage Tanks Cap _____ Fuel _____
[] LN Gas Storage Tanks Cap _____ Fuel _____

No. Item
____ Wet Sprinkler Heads (1)
____ Dry Sprinkler Heads (2)
____ Total (1+2)
____ Smoke Detectors (1)
____ Heat Detectors (2)
____ Totals (1+2)
____ Stand Pipes

PRE ENGINEERED SYSTEMS

____ CO2 Suppression
____ Halon Supression
____ Foam Supression
____ Dry Chemical
____ Wet Chemical
____ Gas or Oil Fired Appliances
____ Kitchen Hood Exhaust System (Commerical)

Other _____

Comments _____

Estimated Cost of Work\$ 1000.00

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 Regal for R. McAllister



Date Received
Date Issued
Control #
Permit #

**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 10007 Lot 5
Work Site Location St. Agnes Hospital
121 W. Church St. Blackwood, NJ 08012
Owner in Fee St. Agnes Hospital
Address 121 W. Church St. Blackwood, NJ 08012
Tele. (609) 888-7076
Contractor Crane Contract
Address 3209 N. Mill Rd.
Unionland, NJ 08560
Tele. (609) 666-4740 Supervisor 10/30/98
Lic. No. or Bldrs. Reg. No. 76509054 or Social Security No. _____
Federal Emp. No. 22-3440348

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)		Initial
[] No Plans Req.	[] All			Type:	Failure	Failure	Approval	
[] Footing	[] Footing			Footing				
[] Foundation	[] Foundation			Foundation				
[] Frame	[] Frame			Slab				
[] Other	[] Other			Frame				
Joint Plan Review Required:				Insulation				
[] Elec. [] Plumb. [] Fire				Finishes:				
SUBCODE APPROVAL				Energy				
[] CO [] CCO [] CA				Mechanical				
Date:				TCO				
Approved By:				Other				
				Final				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 100000
2. Alteration \$ 40000
3. Total (1+2) \$ 140000

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 Stanley Vigneri

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove (1) 1000 sq. ft. 722 sq. ft. tank

(Office Use Only)

FEE

TYPE OF WORK:

[] New Building

[] Addition

[] Alteration

[] Roofing

[] Siding

[] Fence

[] Sign

[] Pool

[] Asbestos Abatement

[] Other

[] Other Remove 1000 sq. ft. tank

[] Demolition

[]

Administrative Surcharge

Minimum Fee

DCA TRAINING FEE

TOTAL FEE

Paid [] Check # _____

Collected by: _____

TOWNHIP OF GLOUCESTER
CONST. DEPT., INFO-374-3500
FOR INSPECTING-374-3502

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Take Receipt 11/20/2006
Date Issued 11/20/2006
Contract #
Permit # 95-3676

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

Block 10507 Lot 1
New Site Location 111 CHURCH STREET

Owner is for SAINT AGNES SCHOOL
Address 111 N. CHURCH STREET
NEW BRUNSWICK, NJ 08912
Contractor BASIL ORVIN
Address 1209 N. MILL ROAD
WINELAND, NJ 08090
Tel. (609) 624-4491

Lic. No. or Alts. Reg. No.
Federal Emp. No. 22-2439240
or Social Security No.

FOR SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Req.

☐ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CO ☐ CA

Notes:

Approved By:

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

Insulation

Finishes

Energy

Mechanical

TCU

Other Leak

Final

Sizes (Month/year)

Failure Failure Approval Initial

TYPE OF WORK

☐ New Building

☐ Addition

☐ Alteration

☐ Confine

☐ Sealing

☐ Ponds

☐ Sign

☐ Pool

☐ Abolishes Abatement

☐ Other

☐ Other

☒ Demolition

6. BUILDING CHARACTERISTICS

Use Group Present Proposed

Constr. Class Present Proposed

No. of Stories

Height of Structure

Area Largest Floor

New Bldg. Area/All Floors

Volume of New Structure

Total Land Area Disturbed

Est. Cost of Bldg. Work:

1. New Bldg. \$

2. Alteration \$

3. Total (1+2) \$

Industrialized Building:

☐ State Approved

☐ HUD

C. CERTIFICATION (FILLED IN BY OWNER)

I hereby certify that I am the legal owner of record and so authorized to make this application.

Signature

D. TECHNICAL CITY DATA

DESCRIPTION OF WORK

REMOVE 1950 GAL. 92 OIL TANK

FOR OFFICE USE ONLY

Administrative Charge

Amount for

TOTAL PAID

for training fee

Paid (a) Check # 20202

collected by: 00

for training fee

DATE: 10/24/2006

TOWNSHIP OF GLOUCESTER
CONST. DEPT. INFO-374-3500
FOR INSPECTIONS--374-3502

Date Issued 11/08/
Control #
Permit # 96-1676

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 10607 Lot 5

Work Site Location 117 CHURCH STREET

Owner In Fee SAINT AGNES SCHOOL

Address 117 W. CHURCH STREET

BLACKWOOD, NJ 08012-

Telephone (609) 228-7076

Contractor CASIL SERVANE
Address 3209 R. MILL ROAD
VINELAND, NJ 08360-

Telephone (609) 696-4401

Lic. No. or Bldg. Reg. No.

Federal Emp. No. 22-2440349

or Social Security No.

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER

☐ ELECTRICAL ☐ FIRE PROTECTION

☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

REMOVE 1000 GAL. #2 OIL TANK

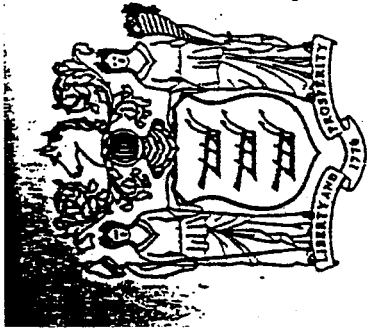
PAYMENTS (Office Use Only)
Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
OCA Training Fee
Dept. of Pub
Other
Total
Check No.
Cash
Collected By

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.

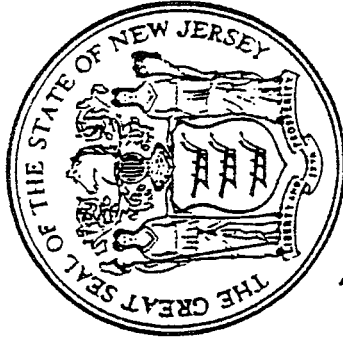
Estimated Cost of Work \$ 1,000

Bernard Sheehan

CONSTRUCTION OFFICIAL



STATE OF NEW JERSEY
DEPARTMENT OF
ENVIRONMENTAL PROTECTION



Certifies That

Casie Ecology Oil Salvage Inc.
3209 North Mill Road
Vineland, NJ 08360

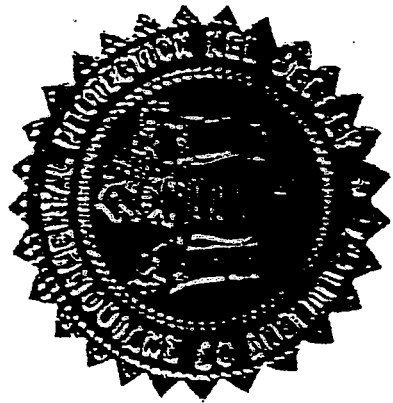
having duly met the requirements of the

Underground Storage Tank Certification Program
N.J.S.A. 58:10A-24.1-8

is hereby approved to perform the following services:

- Installation - Entire UST System Closure
- Subsurface Evaluation
- Cathodic Protection Specialist

US00054
PERMANENT CERTIFICATION NUMBER
10/31/98
EXPIRATION DATE



Richard J. ...
COMMISSIONER, DEPARTMENT OF
ENVIRONMENTAL PROTECTION

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY.



State of New Jersey
DEPARTMENT OF THE TREASURY
DIVISION OF BUILDING & CONSTRUCTION
50 BARRACK STREET
CN-235
TRENTON, N.J. 08625



NOTICE OF CLASSIFICATION

OFFICE OF THE
DIRECTOR

TO:

CASIE ECOLOGY OIL SALVAGE
P. O. BOX 92
FRANKLINVILLE NJ 08722

TEL: (609) 633-3990
TEL: (609) 984-4708
FAX: 609-292-7851

ISSUE DATE: 03/01/96

EXTENSION
NOTICE TYPE

AGGREGATE AMOUNT	TRADE(S)	EFFECTIVE DATE	EXPIRATION DATE
1,250,000	STORAGE TANKS UNDERGROUND WASTE REMOVAL-TOXIC/HAZARDOUS	03/01/96 03/01/96	02/28 02/28
ELECTRICAL LICENSE NO.		PLUMBING LICENSE NO.	
		OTHER LICENSE	

VALID ELECTRICAL LICENSE ON FILE DBC

VALID PLUMBING LICENSE ON FILE DBC

FIRM QUALIFIED FOR WIRING WITH A POTENTIAL OF 30 VOLTS OR LESS, NO LICENSE ON FILE

ELECTRICAL LICENSE NUMBER MUST BE VERIFIED AS VALID BEFORE AWARD OF CONTRACT

PLUMBING LICENSE NUMBER MUST BE VERIFIED AS VALID BEFORE AWARD OF CONTRACT.

IN accordance with N.J.S.A. 18A:18A-27 *et seq* (Department of Education) and N.J.S.A. 52:35-1 (Department of the Treasury) and any rules and regulations issued pursuant hereto, you are hereby notified of your classification to do State work in the Department(s) as noted above.

CASIE

PROTANK

October 31, 1996

Gloucester Township
Construction Office
1261 Chews Landing-Clementon Rds.
Laurel Springs, New Jersey 08021

(609) 228-4000

RE: Permit for: St. Agnes School, 121 W. Church St., Blackwood, NJ 08012

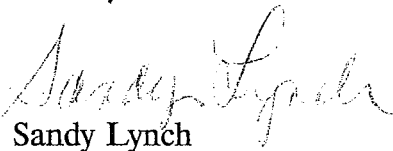
Dear Div. of Construction:

Enclosed please find a construction application permit for the above referenced permit. Please call (609) 696-4401 when permits are ready with the amount due, if any.

Thank you for your assistance in this matter. Should you have any questions, please call our office at (609) 696-4401.

Sincerely,

CASIE/PROTANK



Sandy Lynch
Sales Secretary

Enclosure

Gloucester Township

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

Permit No. **20111135**
Control No. **53555**
Parcel(Block/Lot). **10607/5**
Applic/Issued. **6/20/11 / 6/29/11**

Construction Permit

Work Site Location 117 W CHURCH ST, 08012 Blac

Contractor... SHADE ENVIROMENTAL

Owner in Fee..... ST AGNES SCHOOL

Address..... 623 CUTLER AVENUE

Address..... 121 W. CHURCH STREET

MAPLE SHADE, NJ 08052

BLACKWOOD, N J 08012

Phone..... (856)755-0099

Phone..... (856)583-2845

Lic No..... 00842- 6/10/18

Fed Emp No. 870721731

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:

Asbestos Abatement

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: \$17,680

PAYMENTS * (Office Use Only)

Building	<u>\$150</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>30</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$180</u>

Check#/Cash.....	<u>3892</u>
Paid	<u>\$180</u>
Collected By	<u>JA</u>

Total Administrative Fee: \$0

NO Inspection made / open
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 **6/20/2011**
Control # **53555**
Date Issued **6/29/2011**
Permit # **20111135**

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

Block/Lot 10607/5
Work Site Location 117 W CHURCH ST
Owner in Fee: ST AGNES SCHOOL
Tel. (856)583-2845 e-mail _____
Address: 121 W. CHURCH STREET BLACKWOOD, N J 08012 zip code _____
Contractor: SHADE ENVIROMENTAL Tel. (856)755-0099
Address: 623 CUTLER AVENUE, MAPLE SHADE, NJ 08052 e-mail timAshadelc.com
Contractor License No. 00842-6/10/18 Exp. Date _____
Federal Emp. ID No. 870721731 FAX _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
[] No Plans Required	[] All			Type:	Failure	Approval	Initial
[] Footing	[] Foundation			Footing			
[] Frame	[] Other			Footing Bonding			
				Foundation			
				Slab			
				Frame			
				Truss Sys./Bracing			
				Barrier-Free			
				Insulation			
				Finishes-Base Layer			
				Finishes-Final			
				Energy			
				Mechanical			
				TCO			
				Final			
				Other			

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

SUBCODE APPROVAL
[] CO [] CCO [] CA
Date: _____
Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group	Present	E	Proposed	Est. Cost of Bldg. Work :
Constr. Class	Present		Proposed	1. New Bldg. \$ <u>17,680</u>
No. of Stories				2. Rehabilitation \$ <u>17,680</u>
Height of Structure				3. Total (1+2) \$ <u>17,680</u>
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

Asbestos Abatement

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)

Administrative Surcharge \$ 0
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 150

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

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

Permit No. **20151684**
Control No. **65783**
Parcel(Block/Lot). **10607/5**
Applic/Issued. **8/04/15 / 8/18/15**

Construction Permit

Work Site Location 121 W CHURCH ST, BLACKWOOD Contractor... MCALLISTER
Owner in Fee..... OUR LADY OF HOPE PARISH BLACKWOOD Address..... 30 MAYS LANDING ROAD
Address..... 701 LITTLE GLOUCESTER RD SOMERS POINT, NJ 08244
BLACKWOOD NJ 08012 Phone (609)927-4122
Phone (856)232-0100 Lic No..... 13VH01483100-
Fed Emp No. 21-0510430

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:

Kingdom Chater School - Oil to Gas Conversion & DEMO (2)
275gal tanks

*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: \$25,285

PAYMENTS * (Office Use Only)

Building	<u>\$150</u>
Electrical	<u>65</u>
Plumbing	<u>92</u>
Fire Protection	<u>65</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>48</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$420</u>

Check#/Cash.....	<u>1415</u>
Paid	<u>\$420</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 **8/04/2015**
Control # **65783**
Date Issued **8/18/2015**
Permit # **20151684**

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

Block/Lot **10607/5**

Work Site Location **121 W CHURCH ST**

Owner in Fee: **OUR LADY OF HOPE PARISH BLACKWOOD**

Tel. **(856)232-0100** e-mail _____

Address: **701 LITTLE GLOUCESTER RD BLACKWOOD NJ 08012** zip code _____

Contractor: **MCALLISTER** Tel. **(609)927-4122**

Address: **30 MAYS LANDING ROAD, SOMERS POINT, NJ 08** e-mail _____

Contractor License No. **13VH01483100- / /** Exp. Date _____

Federal Emp. ID No. **21-0510430** FAX _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Type:	Failure
☐ All			Footings	Approval
☐ Footing			Footings Bonding	Initial
☐ 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	A-3	Proposed	
Constr. Class	Present		Proposed	
No. of Stories				
Height of Structure				FT
Area - Largest Floor				Sq. Ft.
New Bldg. Area/All Floors				Sq. Ft.
Volume of New Structure				Cu. Ft.
Total Land Area Disturbed				Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ **400**
2. Rehabilitation \$ **400**
3. Total (1+2) \$ **400**

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

Kingdom Chater School - Oil to Gas Conversion & DEMO (2) 275gal tanks

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
- Height (exceeds 6') _____ Sq. Ft. _____

FEE (Office Use Only)

Administrative Surcharge \$ **0**
Minimum Fee \$ **0**
State Permit Surcharge Fee \$ **150**
TOTAL FEE \$ **150**



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 10607/5

Work Site Location 121 W CHURCH ST

Owner in Fee: OUR LADY OF HOPE PARISH BLACKWOOD

Tel. (856)232-0100 e-mail

Address: 701 LITTLE GLOUCESTER RD BLACKWOOD NJ 08012

Contractor: MCALLISTER Tel (609)927-4122

Address: 30 MAYS LANDING ROAD, SOMERS POINT, NJ 08 e-mail

Contractor License No. 13VH01483100- / / Exp. Date

Federal Emp. ID No. 21-0510430 FAX

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed A-3

☐ Pole/pad # ☐ Temporary Service ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 100 Descript: Kingdom Charter School - Oil to Gas Conve

rsion & DEMO (2) 275gal tanks

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required Date Initial

Joint Plan Review Required:

[] Building [] Plumbing

[] Fire [] Elevator

[] Elec. Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved by: _____

Date of Grounding and Bonding Certification

U.C.C. #120 (rev. 07/105) Applicant: When submitting this form to your local construction code Enforcement Office please provide one original plus three photocopies.

Date Received 8/04/2015

Control # 65783

Date Issued 8/18/2015

Permit # 20151684

C. CERTIFICATION IN JEU 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

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

FEE (Office Use Only)

\$ 50

15

0

65



Gloucester Township

FIRE PROTECTION SUBCODE

TECHNICAL SECTION

Date Received **8/04/2015**
Control # **65783**
Date Issued **8/18/2015**
Permit # **20151684**



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

Block/Lot 10607/5

Work Site Location 121 W CHURCH ST

Owner in Fee: OUR LADY OF HOPE PARISH BLACKWOOD

Tel. (856)232-0100 e-mail

Address: 701 LITTLE GLOUCESTER RD BLACKWOOD NJ 08012

Street municipality zip code

Contractor: MCALLISTER Tel. (609)927-4122

Address: 30 MAYS LANDING ROAD, SOMERS POINT, NJ 08244 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. 13VH01483100- / / Exp. Date

Federal Emp. ID No. 21-0510430 FAX

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A-3 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 \$ 4700

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type:	Failure	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 [] CA	Fireplace Venting				
Date:	Final				
Approved by:	Other				

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:

Kingdom Charter School - Oil to Gas Conversion & DEMO (2) 275gal tanks

Water Supply Source

Method of Alarm/Suppression System Supervision

FEE (Office Use Only)

\$

Flammable/Combustible Tanks

Alarm Systems

☐ System

☐ Interconnected 110 v

☐ CO Detectors 110 v

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

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

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



8/04/2015
65783
8/18/2015
20151684

[illegible]

Water Closet	
Urinal/Bidet	

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Fuel Oil Pricing

Gas Piping	80
------------	----

LP Gas Tank

Steam Boiler

Hot Water Boiler

Steam Boiler

Sewer Pump

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
[] No Plans Required	Date	Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:						
[] Building	[] Plumbing	Slab	_____	_____	_____	_____
[] Fire	[] Elevator	Rough	_____	_____	_____	_____
[] Plumbing Plans Approved		Water	_____	_____	_____	_____
		Sewer	_____	_____	_____	_____
		Fixtures	_____	_____	_____	_____
		Gas Equipment	_____	_____	_____	_____
		Gas Piping	_____	_____	_____	_____
SUBCODE APPROVAL						
[] CO	[] CCO	LP Gas Tank	_____	_____	_____	_____
	[] CA	Fuel Oil Piping	_____	_____	_____	_____
		Solar	_____	_____	_____	_____
		TCO	_____	_____	_____	_____
Date: _____						
Approved by: _____						
Date: _____						
Approved by: _____						

Applicant: When submitting this term to your Local construction code

Enrollment Office, please provide one original plus three photocopies

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

Gloucester Township

1261 Chews Landing Rd

Laurel Springs, NJ 08021

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

Permit No. 20151684

Control No. 65783

Block/Lot 10607/5

Date 10/25/16

Certificate of Approval

IDENTIFICATION

Block/Lot 10607/5
Work Site Location 121 W CHURCH ST
BLACKWOOD, 08012
Owner in Fee/Occupant OUR LADY OF HOPE PARISH BLACKWOOD
Address 701 LITTLE GLOUCESTER RD
BLACKWOOD NJ 08012
Telephone (856)232-0100
Contractor MCALLISTER
Address 30 MAYS LANDING ROAD
SOMERS POINT, NJ 08244
Telephone (609)927-4122 FAX
Lic. No. or Bldrs. Reg. No. 13VH01483100- / /
Federal Emp. No. 21-0510430

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
A-3
Use Group _____
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use: _____

Kingdom Chater School - Oil to Gas Conversion & DEMO (2) 275gal tanks

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 \$ 420

Paid [] Check No. 1415

Collected by: JA

Gloucester Township

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

Permit No. **20111044 A**
Control No. **53579**
Block/Lot **10607/5**
Date **8/25/11**

Temporary Certificate of Occupancy/Compliance

IDENTIFICATION

Block/Lot 10607/5
Work Site Location 117 W CHURCH ST
BLACKWOOD, 08012
Owner in Fee/Occupant ST AGNES SCHOOL
Address 121 W. CHURCH STREET
BLACKWOOD, N J 08012
Telephone _____
Contractor _____
Address _____
Telephone _____ FAX _____
Lic. No. or Bldrs. Reg. No. None
Federal Emp. No. _____

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
E
Use Group _____
Maximum Live Load _____
Construction Classification VB
Maximum Occupancy Load _____
Description of Work/Use: _____

Rehab St. Agnes Charter School

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: **NO KITCHEN AT THIS TIME**

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 _____

Permit Fee \$ 3,599
Paid [] Check No. 037062
Collected by: DJ

James T. Gallagher, Construction Official