EAST GREENWICH TOWNSHIP

PERMIT QUERY REPORT For the Period of 01/01/00 - 04/02/25 Selected By: DATE BLOCK STREET# STREET

Page 1 04/03/25 15:50:37

Permit No /						Fed		P			
Date Issued/					Use	Cen	Work	u	Area	Volume	Value of
Description	Site Identifica	ation		Status	Grp	No	Type	$\overline{\mathbf{p}}$	Sq Feet	Cubic Feet	Constructn
140060 03/10/14 WATER HEATER	Block: 402.02 Adr:	Lot:7	Qual:	CLOSED	R-3	999	Alt		0	0	2000
170324 06/13/17 AC & COIL	Block 02.02 Adr: Name:	Lot:8	Qual:	CLOSED	R-3	999	Alt		0	0	2500
180386 07/19/18 REAR STEPS	Bloc 402.02 Adr: Name:	Lot: 7	Qual:	CLOSED	R-3	999	Alt		0	0	500
200094 02/25/20 16X24 DECK	Block 402.02 Adr:	Lot:7	Qual:	CLOSED	R-3	999	Alt		0	0	12800

Date Issued 03/10/14 Control # Permit # 140060

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 402.02 I	ot 7	Qual		
Work Site Location		Contractor DORMANN'S CUS		
		Address 290 NORTH WOLFERT S MICKLETON, NJ 08056		
Owner in Fee		Telephone (856) 423-8294		
Address 1		Lic. No. or Bldrs. Reg. No.		
MT ROYAL, NJ 66061-		Federal Emp. No. 22-3547879		
Telephone		rederar Emp. No. 22 3347079		
Is hereby granted permission to perform the	a following work:		PAYMENTS (Office Use	e Only)
		ABATEMENT (Subchapter 8 only)	Building	0
[] ELECTRICAL [] FIRE PROTECTION			Electrical	0
[] ELEVATOR DEVICES [] MECHANICAL	[] DEMOLITIO		Plumbing	50
[] ===================================	[] OTHER		Fire Protection	0
DESCRIPTION OF WORK:		*	Mechanical	0
INSTALL 50 GALLON POWER VENT WATER HEATER	1		Elevator Devices	0
			Other	
			DCA State Permit Fee	e 3
			Cert. of Occupancy	0
NOTE: If construction does not commence wi	thin one (1) year	of date of issuance,	Other	
or if construction ceases for a period of			Total	53
Of 11 competences. competence at the competence of the competence	· · · · · · · · · · · · · · · · · · ·	•	Check No.	14977
Estimated Cost of Work \$ 2,000			Cash	
ESCIMACEG COST OF HOLK Y			Collected By	CEM
	03/10/14	<u></u>		
Construction Official	Date			

U.C.C. F170 (rev. 3/96)

UCC NEW JERSEY PLUMBING SUBCODE TECHNICAL SECTION

Date Received / /
Date Issued 03/10/14
Control #
Permit # 140060

Block 402.02 Lot 7 Qual		FIXTURE/EQUIPMENT	FEE (Office Use Only)
Work Site Location	no.	Water Closet	0
		Urinal / Bidet	0
Owner in Fee Service S		Bath Tub	0
Address		Lavatory	0
MT ROYAL, NJ 08061-		Shower	0
Tel.		Floor Drain	0
Contractor DORMANN'S CUSTOM PLUMBING		Sink	0
Address 290 NORTH WOLFERT STATION RD MICKLETON, NJ 08056-		Dishwasher	0
Tel. @56) 423-8294	0	Drinking Fountain	0
Lic. No. or Bldrs. Reg. No.		Washing Machine	0
Federal Emp. No. 22-3547879		Hose Bibb	0
rederal Amp. No. 22 3347079	_	Water Heater	12
B. PLUMBING CHARACTERISTICS	0	Fuel Oil Piping	0
Use Group - Present U- Proposed R-3	0	Gas Piping	0
Building Sewer Size [] Public Sewer [] Private	Septic0	Steam Boiler	0
Water Sewer Size [] Public Water [] Private	Well <u>0</u>	Hot Water Boiler	0
Estimated Cost of Plumbing Work \$ 2,000		Sewer Pump	0
	0	Interceptor / Separator	0
JOB SUMMARY (Office Use Only) INSPECTIONS Dates (Month/Day)	0	Backflow Preventer	0
PLAN REVIEW Type Failure Failure Approval	Initial <u>0</u>	Greasetrap	<u> </u>
[] No Plans Required Slab		Sewer Connection	0
[] Partial -Underslab Util Appr Rough		Water Service Connection	0
Date: Appr by: Water		Stacks	0
[] Plumb Plans Approved Sewer		Other	0
Date: Appr by: Fixtures		Other	0
Joint Plan Review Required: Gas Equip		Other	0
[] Build [] Elect [] Fire Gas Piping			
SUBCODE APPR - PERM [] Elev LPGas Tank			
Date:Appr by: FuelOil Pip	- AMILO	Administrative Surcharge	
SUBCODE APPR - CERTIF Solar		sk # 14977 Minimum Fee	
[] CO [] CCO [] CA TCO	Collected by:		·
Date: Appr by: Final		DCA State Permit Fee	3

to make this application and perform the work listed on this application.

Date Issued 06/13/17 Control # Permit # 170324

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Blo	ock_402.02Lot_	8	Qual		
Work Site Location	A CO PALVE		Contractor MARK DORMANN	HEATING/A/C	
WOLK BE 00 1000 000 000 000 000 000 000 000 00			Address 265 N WOLFERT STATI	on road	
Owner in Fee			MICKLETON, NJ 08056		
Address			Telephone (856) 467-8500		
			Lic. No. or Bldrs. Reg. No.		
Telephone			Federal Emp. No. 20-8172958		
Is hereby granted perm	aission to perform the f	ollowing work:		PAYMENTS (Office)	Use Only)
[] BUILDING		[] ASBESTOS A	ABATEMENT (Subchapter 8 only)	Building	
[X] ELECTRICAL				Electrical	50
[] ELEVATOR DEVICES		[] DEMOLITION		Plumbing	0
		[] OTHER		Fire Protection	0
DESCRIPTION OF WORK:				Mechanical	0
REPLACE AC & COIL				Elevator Devices_	0
				Other	
				DCA State Permit	Fee 5
				Cert. of Occupancy	y0
NOTE: If construction	does not commence within	n one (1) year	of date of issuance,	Other	
or if construction cea	ases for a period of six	(6) months, th	is permit is void.	Total	55
	-			Check No	12964
Estimated Cost of Work	\$ 2,500			Cash	
				Collected By	CW
		06/13/17	<u></u>		
Construction Official		Date			

U.C.C. F170 (rev. 3/96)

UCC NEW JERSEY ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received / /
Date Issued 06/13/17
Control #
Permit # 170324

NO. STEP THEN OFFICE. DO UPILITY DIG NO: 1-800-272-1000 NO. STEP TIME FREE Office Use Carly	A. IDENTIFICATION-APPLICANT: COMP	LETE ALL APPLICABLE INFORMATION. WHEN CHANGING	D. TECHN	VICAL SIT	E DATA	
None No.	CONTRACTORS. NOTIFY THIS OFFICE.	DO UTILITY DIG NO: 1-800-272-1000	NO.	SIZE		FEE (Office Use Only)
Description Page Description Descrip	Block 402.02 I	Qua1	0	-	Lighting Fixtures	
Detactors Deta	Work Site Locati		0	•	Receptacles	
Address			0		Switches	
NT ROYAL, No votes	Owner in Fee		0	-	Detectors	
Tell. Contractor MARK DOMMANN REATING/A/C	Address		0		Light Poles	
Contractor MAPK DOMMANN HEATHS(/A/C	MT ROYAL, NJ 08061-		0		Motors-Fract HP	
Address 255 N WOLFERT STATION RODO MICKLETON, NJ 08056 0 0 707LN NMORERS 0 10 0 10 10 10 10 11 11 11 11 11 11 11 11			0	_	Emergency & Exit Lights	
MICCLETTON, NJ 08058-	Contractor MARK DORMANN HEATING/A	./c	0	_	Communications Points	
Tell	Address 265 N WOLFERT STATION ROA	AD .	0		Alarm Devices/F.A.C. Panel	
No. 10 10 10 10 10 10 10 1	MICKLETON, NJ 08056-		0	-	TOTAL NUMBERS	0
Rederal Esp. No. 20-8172958	Tel. (856) 467-8500 Fax (856) 4	67-8500	0	•	Pool Permit/with UW Lights	O
Select Renge No. 20-8172958 0 0 0 NW Elect Range Raceptacle 0 0 0	Lic. No. or Bldrs. Reg. No.		0	•	Storable Pool/Spa/Hot Tub	0
S. ELECTRICAL CHARGETERISTICS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	0	KW Elect Range/Receptacle	0
Secretarion Present R-3 Proposed R-3 O O KW Elect Dryer/Receptacle O O C Proposed R-3 O O C C C O O C C O O			0	0	KW Oven/Surface Unit	0_
	B. ELECTRICAL CHARACTERISTICS		0	0	KW Elect Water Heater	0
	Use Group -Present R-3 Prop	posed_R-3	0	0	KW Elect Dryer/Receptacle	0
Strimated Cost of Electrical Work 2,500 1 40 KW Central A/C Unit 50	[] Pole/Pad # [] Te	emporary [] Other	0	0	KW Dishwasher	0
### Strimated Cost of Electrical Work \$ 2,500			0	0	HP Garbage Disposal	0
Date Month/Day Date Month/Day Date Month/Day Date Month/Day Date Month/Day Date Dat			1	40	KW Central A/C Unit	50
Type			0	0	HP/KW Space Heater/Air Handle	r0
	JOB SUMMARY (Office Use Only)	INSPECTIONS Dates (Month/Day)	0	0	Baseboard Heat	<u> </u>
	PLAN REVIEW	Type Failure Failure Approval Initial		0	HP Motors 1/+ HP	<u> </u>
Partial - Underslab Util Appr BarrierFr	[] No Plans Required	Rough	0	0	KW Transformer/Generator	0
Date Appr by:	- "			0	AMP Service	0
			0	0	AMP Subpanels	0
Date: Appr by: Const Serv				0	AMP Motor Control Center	0
Dother Plan Review Required: TCO			C	0	KW Elect Sign/Outline Light	<u> </u>
			-	•	Other	<u> </u>
SUBCODE APPR - PERM [] Elev Service Other O Date: Appr by: Final SUBCODE APPR - CERTIF BarrierFr [] CO [] CCO [] CA Temp. Cut-in-Card Date Issued Date: Appr by: Final Cut-in-Card Date Issued AnnPoolIns Date of Gnd/Bond 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. Other O Appr by: Final O Administrative Surcharge \$ 0 Faid [X] Check # 12964 Minimum Fee \$ 0 TOTAL FEE \$ 50		Other			Other	0
Date: Appr by: Final SUBCODE APPR - CERTIF BarrierFr [] CO [] CCO [] CA Temp. Cut-in-Card Date Issued Date: Appr by: Final Cut-in-Card Date Issued AnnPoolIns Date of Gnd/Bond 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. Collected by: CW TOTAL FEE \$ 50						0
SUBCODE APPR - CERTIF BarrierFr [] CO [] CCO [] CA Temp. Cut-in-Card Date Issued Date: Appr by: Final Cut-in-Card Date Issued AnnPoolIns Date of Gnd/Bond 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. Collected by: CW TOTAL FEE \$ 50						
[] CO [] CCO [] CA Temp. Cut-in-Card Date Issued		•				
Date: Appr by: Final Cut-in-Card Date Issued						
AnnPoolIns						
Date of Gnd/Bond Certification C. CERTIFICATION IN LIEU OF OATH Administrative Surcharge \$ 0 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. Collected by: _CW						
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. Administrative Surcharge \$ Paid [X] Check # 12964 Minimum Fee \$ Collected by: CW TOTAL FEE \$ TOTAL FE						
I hereby certify that I am the (agent of) owner of record and am authorized Paid [X] Check # 12964 Minimum Fee \$ 0 to make this application and perform the work listed on this application. Collected by: CW TOTAL FEE \$ 50	C. CERTIFICATION IN LIEU OF OATH				Administrative Surcharge \$. 0
to make this application and perform the work listed on this application. Collected by: CW TOTAL FEE \$ 50		agent of) owner of record and am authorized	Paid [K]	Check #	12964 Minimum Fee \$	
	or many opposite one part					

Date Issued 07/19/18 Control # Permit # 180386

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Bl	ock <u>402.02</u> Lot	. 7	Qual	•	
Work Site Location_			Contractor HOMEOWN Address		
Owner in Fee 0					
Address 1					
TM TM			Lic. No. or Bldrs. Reg. No.		
Telephone_			Federal Emp. No. HO-	· · · · · · · · · · · · · · · · · · ·	
				PAYMENTS (Office Use	On Isr)
	mission to perform the		TO THE CONTRACT OF THE PARTY OF	Building	
[X] BUILDING			ABATEMENT (Subchapter 8 only)		
	[] FIRE PROTECTION			Electrical	
[] ELEVATOR DEVICES	[] MECHANICAL			Plumbing	
		[] OTHER		Fire Protection	0
DESCRIPTION OF WORK:				Mechanical	
REAR STEPS				Elevator Devices	0
				Other	
				DCA State Permit Fee	
				Cert. of Occupancy	0
NOTE: If construction	does not commence with	in one (1) year	of date of issuance,	Other	
or if construction ce	ases for a period of si	x (6) months, th	is permit is void.	Total	51
	-			Check No.	
Estimated Cost of Wor	k \$ 500			Cash	x
In the second second second				Collected By	CW
		07/19/18	<u></u>		
Construction Official		Date			

U.C.C. F170 (rev. 3/96)

Total Land Area Disturbed

UCC NEW JERSEY BUILDING SUBCODE TECHNICAL SECTION

Date Received / /
Date Issued 07/19/18
Control #
Permit # 180386

U.C.C. F110 (rev. 11/09)

			C. CERTIFICATION IN LIEU OF OATH	
CONTRACTORS, NOTIFY THIS OFFICE.	CALL UTILITY DIG NO:	1-800-272-1000	The land that The the (agent of) amon	
Block 402.02 Lot 7	Qual		I hereby certify that I am the (agent of) owner	07
Work Site Location			of record and am authorized to make this applicati	.com.
Owner in Fee			~ .	with a little of the state of t
Address			Signature	
MT ROYAL, NJ 08061-			TO RECOVERE CAME DAMA	
Tel.			D. TECHNICAL SITE DATA	
Contractor HOMEOWNER				
Address	_		DESCRIPTION OF WORK	
			REAR STEPS	
Tel.()Fax ()	www	****		
Lic. No. or Bldrs. Reg. No				
Federal Emp. No. HO-				
JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)	TYPE OF WORK	FEE (Office Use Only)
PLAN REVIEW Date Initial	Type: Failure	Failure Approval Initial	[] New Building	\$0
[] No Plans Req			[] Addition	0
[] All			[X] Rehabilitation	17
[] Foot/Found			[] Roofing	. 0
[] Struct/Frame	Slab		[] Siding	0
[] Exterior			[] Fence 0 Height (exceeds 6')	0
[] Interior			[] Sign 0 Sq. Ft.	0
Joint Plan Review Required:			Pool - Above Ground	0
[] Elect [] Plumb [] Fire			[] Pool - In Ground	0
SUBCODE APPR - PERM [] Elev			[] Asbestos Abatement Subchapter 8	0
				00
Date:			[] Other	0
Approved By:			Other	0.
			Other	0
[] CO [] CCO [] CA			[] Demolition	0
Date:	_, _	•		
Approved By:				
	Bailleifies			
B. BUILDING CHARACTERISTICS		-t Cook of Bldg Work:		
		st. Cost of Bldg. Work: New Bldg. \$ 0		
			Administrative Surcharge	š 0
No. of Stories		Alteration \$ 500 Total (1+2)\$ 500		
Height of Structure	·	. IOLAI (172)9 · 300		\$ 50
Area Largest Floor		Tadashadaliyad Dadldia	State Permit Surcharge Fee	
New Bldg. Area/All Floors		Industrialized Building:	State remain surcharge nee	T
Volume of New Structure	0 Cu. Ft.	[] State Approved		

Ö Sq. Ft.

[] HUD

Date Issued 02/25/20 Control # Permit # 200094

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Blo	ock 402.02 Lot	7	Qual		
Work Site Location			Contractor SOUTH JERSEY	WOOD & TILE	
			Address 15 FROSTY HOLLOW CT	ľ	
Owner in Fee			SICKLERVILLE, NJ 08	3081-	
-	SA DRIVE		Telephone () -		
	, NJ 08061-		Lic. No. or Bldrs. Reg. No.	13VH05586600	
Telephone_			Federal Emp. No. 15-3628457		
Is hereby granted perm	mission to perform the f	following work:		PAYMENTS (Office Us	e Only)
IX BUILDING			ABATEMENT (Subchapter 8 only)	Building	320
	[] FIRE PROTECTION			Electrical	0
[] ELEVATOR DEVICES	[] MECHANICAL	[] DEMOLITION		Plumbing	0
		[] OTHER		Fire Protection	0
DESCRIPTION OF WORK:				Mechanical	0
16X24 DECK				Elevator Devices	0
				Other	
				DCA State Permit Fe	e 24
				Cert. of Occupancy	0
NOTE: If construction	does not commence withi	n one (1) vear	of date of issuance,	Other	
	ases for a period of six			Total	344
	•			Check No.	2154
Estimated Cost of Work	\$ 12,800		i e	Cash	
				Collected By	RW
		02/25/20			
Construction Official		Date			

U.C.C. F170 (xev. 3/96)

Total Land Area Disturbed 0 Sq. Ft.

UCC NEW JERSEY BUILDING SUBCODE TECHNICAL SECTION

Date Received 02/25/20 Date Issued 02/25/20 Control # Permit # 200094

A. IDENTIFICATION-APPLICANT: COM	PLETE ALL APPLICABLE I	NFORMATION. WHEN CHANGING	C. CERTIFICATION IN LIEU OF OATH	
CONTRACTORS, NOTIFY THIS OFFICE.				
Block 402.02 Lot 7	Qual		I hereby certify that I am the (agent of) owner	
Work Site Location 1			of record and am authorized to make this application	on.
Owner in Fe			Signature	
MT ROYAL, NJ 08061-			•	
Tel.(D. TECHNICAL SITE DATA	
Contractor SOUTH JERSEY WOOD & T	TLE			
Address 15 FROSTY HOLLOW CT			DESCRIPTION OF WORK	
SICKLERVILLE, NJ 08081-			16X24 DECK	
Tel.() - Fax ()	44			
Lic. No. or Bldrs. Reg. No. 13V	H05586600			
Federal Emp. No. 15-3628457				•
JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)	TYPE OF WORK	FEE (Office Use Only)
PLAN REVIEW Date Initial		Failure Approval Initial	[] New Building	\$
[] No Plans Req	- - ·		[] Addition	0
[] All			[X] Rehabilitation	320
[] Foot/Found			[] Roofing	0
[] Struct/Frame			[] Siding	0_
[] Exterior			[] Fence 0 Height (exceeds 6')	. 0
[] Interior			[] Sign 0 Sq. Ft.	0
Joint Plan Review Required:	*****		[] Pool - Above Ground	0
[] Elect [] Plumb [] Fire	·		[] Pool - In Ground	0
SUBCODE APPR - PERM [] Elev			[] Asbestos Abatement Subchapter 8	0
			[] Lead Haz. Abatement NJAC 5:17	0
Date:			[] Other	0
Approved By:			Other	0
SUBCODE APPR - CERTIF [] CO [] CCO [] CA	***************************************		Other	0
Date:			[] Demolition	0
			• •	
Approved By:	BarrierFree			
B. BUILDING CHARACTERISTICS				
Use Group Present R-3 Pro	oposed B-3 Es	st. Cost of Bldg. Work:		
		New Bldg. \$ 0_		
	• · · · · · · · · · · · · · · · · · · ·	Alteration \$ 12,800	Administrative Surcharge	\$ 0
No. of Stories		Total (1+2)\$ 12,800	Paid [K] Check # 2154 Minimum Fee	\$ 0
Height of Structure			Collected by: RW TOTAL FEE	\$ 320
Area Largest Floor		Industrialized Building:	State Permit Surcharge Fee	\$ 24
New Bldg. Area/All Floors Volume of New Structure	0 Cu. Ft.	[] State Approved		
· · · · · · · · · · · · · · · · · · ·	0 50 Ft	f 1 Him		U.C.C. F110 (rev. 11/09)

[] HOD