

PERMIT QUERY REPORT
For the Period of 01/01/00 - 04/02/25
Selected By: DATE BLOCK STREET# STREETPage 1
04/03/25
15:50:37

<u>Permit No /</u> <u>Date Issued/</u> <u>Description</u>	<u>Site Identification</u>	<u>Status</u>	<u>Use</u> <u>Grp</u>	<u>Fed</u> <u>Cen</u> <u>No</u>	<u>Work</u> <u>Type</u>	<u>P</u> <u>u</u> <u>b</u>	<u>Area</u> <u>Sq Feet</u>	<u>Volume</u> <u>Cubic Feet</u>	<u>Value of</u> <u>Constructn</u>
140060 03/10/14 WATER HEATER	Block: 402.02 Lot: 7 Adr: [REDACTED] Name: [REDACTED]	Qual: CLOSED	R-3	999	Alt		0	0	2000
170324 06/13/17 AC & COIL	Block: 402.02 Lot: 8 Adr: [REDACTED] Name: [REDACTED]	Qual: CLOSED	R-3	999	Alt		0	0	2500
180386 07/19/18 REAR STEPS	Block: 402.02 Lot: 7 Adr: [REDACTED] Name: [REDACTED]	Qual: CLOSED	R-3	999	Alt		0	0	500
200094 02/25/20 16X24 DECK	Block: 402.02 Lot: 7 Adr: [REDACTED] Name: [REDACTED]	Qual: CLOSED	R-3	999	Alt		0	0	12800

EAST GREENWICH TOWNSHIP
Code Enforcement Bureau
MICKLETON 08056

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

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 402.02 Lot 7 Qual _____

Work Site Location _____
Owner in Fee _____
Address _____
MT ROYAL, NJ 08061-
Telephone _____

Contractor DORMANN'S CUSTOM PLUMBING
Address 290 NORTH WOLFERT STATION RD
MICKLETON, NJ 08056-
Telephone (856) 423-8294
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 22-3547879

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

INSTALL 50 GALLON POWER VENT WATER HEATER

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

Estimated Cost of Work \$ 2,000

03/10/14

Date

Construction Official

PAYMENTS (Office Use Only)

Building _____ 0
Electrical _____ 0
Plumbing _____ 50
Fire Protection _____ 0
Mechanical _____ 0
Elevator Devices _____ 0
Other _____
DCA State Permit Fee _____ 3
Cert. of Occupancy _____ 0
Other _____
Total _____ 53
Check No. _____ 14977
Cash _____
Collected By _____ CEM

EAST GREENWICH TOWNSHIP
Code Enforcement Bureau
MICKLETON 08056

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

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

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

Block 402.02 Lot 7 Qual
Work Site Location
Owner in Fee
Address
MT ROYAL, NJ 08061-
Tel.
Contractor DORMANN'S CUSTOM PLUMBING
Address 290 NORTH WOLFERT STATION RD
MICKLETON, NJ 08056-
Tel. (856) 423-8294 Fax () -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3547879

B. PLUMBING CHARACTERISTICS

Use Group - Present U- Proposed R-3
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 2,000

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)
PLAN REVIEW	Type	Failure Failure Approval Initial
[] No Plans Required	Slab	
[] Partial -Underslab Util Appr	Rough	
Date: Appr by:	Water	
[] Plumb Plans Approved	Sewer	
Date: Appr by:	Fixtures	
Joint Plan Review Required:	Gas Equip	
[] Build [] Elect [] Fire	Gas Piping	
SUBCODE APPR - PERM [] Elev	LPGas Tank	
Date: Appr by:	FuelOil Pip	
SUBCODE APPR - CERTIF	Solar	
[] CO [] CCO [] CA	TCO	
Date: Appr by:	Final	

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bibb	0
1	Water Heater	12
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrapp	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0
	Other	0

Administrative Surcharge \$	0
Paid [X] Check # 14977 Minimum Fee \$	38
Collected by: CEM TOTAL FEE \$	50
DCA State Permit Fee \$	3

EAST GREENWICH TOWNSHIP
Code Enforcement Bureau
MICKLETON 08056

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

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 402.02 Lot 8 Qual

Work Site Location 180 N. WOLFERT DRIVE

Contractor MARK DORMANN HEATING/A/C

Owner in Fee [REDACTED]

Address 265 N WOLFERT STATION ROAD

Address [REDACTED]

MICKLETON, NJ 08056-

Telephone [REDACTED]

Telephone (856) 467-8500

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 20-8172958

Is hereby granted permission to perform the following work:

<input type="checkbox"/> BUILDING	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> ASBESTOS ABATEMENT (Subchapter 8 only)
<input checked="" type="checkbox"/> ELECTRICAL	<input type="checkbox"/> FIRE PROTECTION	<input type="checkbox"/> LEAD HAZARD ABATEMENT
<input type="checkbox"/> ELEVATOR DEVICES	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> DEMOLITION
	<input type="checkbox"/> OTHER	<u></u>

DESCRIPTION OF WORK:

REPLACE AC & COIL

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

Estimated Cost of Work \$ 2,500

06/13/17
Date

Construction Official

PAYMENTS (Office Use Only)

Building	<u>0</u>
Electrical	<u>50</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Mechanical	<u>0</u>
Elevator Devices	<u>0</u>
Other	<u></u>
DCA State Permit Fee	<u>5</u>
Cert. of Occupancy	<u>0</u>
Other	<u></u>
Total	<u>55</u>
Check No.	<u>12964</u>
Cash	<u></u>
Collected By	<u>CW</u>

EAST GREENWICH TOWNSHIP
Code Enforcement Bureau
MICKLETON 08056

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

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

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

Block 402.02 Lot 8 Qual
Work Site Location
Owner in Fee
Address
MT ROYAL, NJ 08061-
Tel.
Contractor MARK DORMANN HEATING/A/C
Address 265 N WOLFERT STATION ROAD
MICKLETON, NJ 08056-
Tel. (856) 467-8500 Fax (856) 467-8500
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 20-8172958

B. ELECTRICAL CHARACTERISTICS

Use Group -Present R-3 Proposed R-3
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 2,500

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)
PLAN REVIEW	Type	Failure Failure Approval Initial
[] No Plans Required	Rough	
[] Partial -Underslab Util Appr	BarrierFr	
Date: Appr by:	Trench	
[] Elect Plans Approved	Temp Serv	
Date: Appr by:	Const Serv	
Joint Plan Review Required:	TCO	
[] Build [] Plumb [] Fire	Other	
SUBCODE APPR - PERM [] Elev	Service	
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.

Signature/Contractor Seal

[] Licensed Elect Contr [] Certif Landscape Irrig Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
1	40	KW Central A/C Unit	50
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0
		Other	0

Administrative Surcharge \$	0
Paid [X] Check # 12964 Minimum Fee \$	0
Collected by: CW TOTAL FEE \$	50
DCA State Permit Fee \$	5

EAST GREENWICH TOWNSHIP
Code Enforcement Bureau
MICKLETON 08056

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

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 402.02 Lot 7 Qual _____
Work Site Location [REDACTED] Contractor H O M E O W N E R
Address _____
Owner in Fee [REDACTED] Address _____
Telephone [REDACTED] Telephone () _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REAR STEPS

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 \$ 500

Construction Official

07/19/18
Date

PAYMENTS (Office Use Only)

Building	50
Electrical	0
Plumbing	0
Fire Protection	0
Mechanical	0
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Other	
Total	51
Check No.	
Cash	X
Collected By	CW

EAST GREENWICH TOWNSHIP
Code Enforcement Bureau
MICKLETON 08056

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

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

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

Block 402.02 Lot 7 Qual
Work Site Location
Owner in Fee
Address
MT ROYAL, NJ 08061-
Tel.
Contractor HOMEOWNER
Address
Tel. () Fax ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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

REAR STEPS

JOB SUMMARY (Office Use Only)			INSPECTIONS		Dates (Month/Day)			
PLAN REVIEW	Date	Initial	Type:	Failure	Failure	Approval	Initial	
<input type="checkbox"/> No Plans Req			Footing					
<input type="checkbox"/> All			Footing Bond					
<input type="checkbox"/> Foot/Found			Foundation					
<input type="checkbox"/> Struct/Frame			Slab					
<input type="checkbox"/> Exterior			Frame					
<input type="checkbox"/> Interior			Truss/Brac					
Joint Plan Review Required:			BarrierFree					
<input type="checkbox"/> Elect	<input type="checkbox"/> Plumb	<input type="checkbox"/> Fire	Insulation					
SUBCODE APPR - PERM <input type="checkbox"/> Elev			Finishes-Bas					
Date:			Finishes-Fin					
Approved By:			Energy					
SUBCODE APPR - CERTIF			Mechanical					
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	TCO					
Date:			Other					
Approved By:			Final					
			BarrierFree					

TYPE OF WORK	FEE (Office Use Only)
<input type="checkbox"/> New Building	\$ 0
<input type="checkbox"/> Addition	0
<input checked="" type="checkbox"/> Rehabilitation	17
<input type="checkbox"/> Roofing	0
<input type="checkbox"/> Siding	0
<input type="checkbox"/> Fence 0 Height (exceeds 6')	0
<input type="checkbox"/> Sign 0 Sq. Ft.	0
<input type="checkbox"/> Pool - Above Ground	0
<input type="checkbox"/> Pool - In Ground	0
<input type="checkbox"/> Asbestos Abatement Subchapter 8	0
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17	0
<input type="checkbox"/> Other	0
Other	0
Other	0
<input type="checkbox"/> Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 0
2. Alteration \$ 500
3. Total (1+2) \$ 500

Industrialized Building:
☐ State Approved
☐ HUD

Administrative Surcharge \$ 0
Paid ☒ Check # Cash Minimum Fee \$ 33
Collected by: CW TOTAL FEE \$ 50
State Permit Surcharge Fee \$ 1

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

UCC NEW JERSEY CONSTRUCTION PERMIT

Work Site Location	Contractor
Owner in Fee	Address
Address	Telephone
Telephone	Lic. No. or Bldrs. Reg. No.
	Federal Emp. No.

<input checked="" type="checkbox"/> BUILDING	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> ASBESTOS ABATEMENT (Subchapter 8 only)
<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> FIRE PROTECTION	<input type="checkbox"/> LEAD HAZARD ABATEMENT
<input type="checkbox"/> ELEVATOR DEVICES	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> DEMOLITION
	<input type="checkbox"/> OTHER	

16X24 DECK

Estimated Cost of Work \$ 12,800

Date _____

Construction Official

Building	320
Electrical	0
Plumbing	0
Fire Protection	0
Mechanical	0
Elevator Devices	0
Other	
DCA State Permit Fee	24
Cert. of Occupancy	0
Other	
Total	344
Check No.	2154
Cash	
Collected By	RW

EAST GREENWICH TOWNSHIP
Code Enforcement Bureau
MICKLETON 08056

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

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

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

Block 402.02 Lot 7 Qual
Work Site Location 1

Owner in Fe
Address
MT ROYAL, NJ 08061-

Tel. () - Fax () -

Contractor SOUTH JERSEY WOOD & TILE

Address 15 FROSTY HOLLOW CT
SICKLERVILLE, NJ 08081-

Tel. () - Fax () -

Lic. No. or Bldrs. Reg. No. 13VH05586600

Federal Emp. No. 15-3628457

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

16X24 DECK

JOB SUMMARY (Office Use Only)			INSPECTIONS		Dates (Month/Day)			
PLAN REVIEW	Date	Initial	Type:	Failure	Failure	Approval	Initial	
<input type="checkbox"/> No Plans Req			Footing					
<input type="checkbox"/> All			Footing Bond					
<input type="checkbox"/> Foot/Found			Foundation					
<input type="checkbox"/> Struct/Frame			Slab					
<input type="checkbox"/> Exterior			Frame					
<input type="checkbox"/> Interior			Truss/Brac					
Joint Plan Review Required:			BarrierFree					
<input type="checkbox"/> Elect	<input type="checkbox"/> Plumb	<input type="checkbox"/> Fire	Insulation					
SUBCODE APPR - PERM			<input type="checkbox"/> Elev	Finishes-Bas				
Date:			Finishes-Fin					
Approved By:			Energy					
SUBCODE APPR - CERTIF			Mechanical					
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	TCO					
Date:			Other					
Approved By:			Final					
			BarrierFree					

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 0
2. Alteration \$ 12,800
3. Total (1+2) \$ 12,800

Industrialized Building:
☐ State Approved
☐ HUD

TYPE OF WORK	FEE (Office Use Only)
<input type="checkbox"/> New Building	\$ 0
<input type="checkbox"/> Addition	0
<input checked="" type="checkbox"/> Rehabilitation	320
<input type="checkbox"/> Roofing	0
<input type="checkbox"/> Siding	0
<input type="checkbox"/> Fence 0 Height (exceeds 6')	0
<input type="checkbox"/> Sign 0 Sq. Ft.	0
<input type="checkbox"/> Pool - Above Ground	0
<input type="checkbox"/> Pool - In Ground	0
<input type="checkbox"/> Asbestos Abatement Subchapter 8	0
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17	0
<input type="checkbox"/> Other	0
Other	0
Other	0
<input type="checkbox"/> Demolition	0

Administrative Surcharge \$ 0
Paid ☒ Check # 2154 Minimum Fee \$ 0
Collected by: RW TOTAL FEE \$ 320
State Permit Surcharge Fee \$ 24