

456-2025



Township of Washington
OPEN PUBLIC RECORDS ACT REQUEST FORM
 523 Egg Harbor Rd, Sewell, NJ 08080, USA
 (856) 589-0520 & (856) 589-9177 (Fax)
 cciallella@twp.washington.nj.us
 Christine Ciallella



Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Evan MI Last Name Foster
 E-mail Address Evan.Foster@proplogix.com
 Mailing Address 2605 Maitland Center Parkway, Suite C
 City Maitland State FL Zip 32751
 Telephone 302-261-9069 FAX 407-210-3113
 Preferred Delivery: Pick US Mail On-Site Fax E-mail XXX
 Under penalty of N.J.S.A. 2C:28-3, I certify that
 1. I ☐ **HAVE** / ☒ **HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States;
 2. I, or another person, ☐ **WILL** / ☒ **WILL NOT** use the requested government records for a commercial purpose;
 3. I ☒ **AM** / ☐ **AM NOT** seeking records in connection with a legal proceeding.
 Signature Evan Foster Date 06/27/2025

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) – actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Note: If you confirmed above that the records sought are in connection with a legal proceeding, identification of that proceeding is required below.

Please advise if the below address has any OPEN/PENDING/EXPIRED Permits and demolition permits that needs attention and any fees due currently.

Also advise if there are any Code Violation or fines due that needs attention currently.

Any unrecorded liens/fines/special assessments due.

Address: 90 Pristine Pl, Sewell, NJ 08080
 Block 51.10 Lot 1 Qual C0090
 Owner Name: MANOLOPOULOS, THOMAS E

7/1- There are no property tax liens - JM.

7/1- Nothing in our current zoning program - GA.

7/1- Pulled closed permits from vault (AZ)

AGENCY USE ONLY

Est. Document Cost
 Est. Delivery Cost
 Est. Extras Cost
 Total Est. Cost
 Deposit Amount
 Estimated Balance
 Deposit Date

AGENCY USE ONLY

Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.
 In Progress ☐ Open
 Denied ☐ Closed
 Filled ☐ Closed
 Partial ☐ Closed

AGENCY USE ONLY

Tracking Information
 Tracking # Total
 Rec'd Date Deposit
 Ready Date Balance Due
 Total Pages Balance Paid
RECEIVED
 Records Provided
 JUL 01 2025
 By [Signature]
 Custodian Signature Date

No records in current program. (construction.)



Outlook

RE: OPRA 456-2025

From Jeanette Naylor <jnaylor@twp.washington.nj.us>

Date Wed 7/2/2025 7:48 AM

To Ashley Erb <aerb@twp.washington.nj.us>; Gina Allegra <gallegra@twp.washington.nj.us>; Victoria Orr <vorr@twp.washington.nj.us>

As of today, there is no Lis Pendens filed on the county records for the address and owners name below, therefor no ARP (Abandoned Real Property) fees are required. If a Lis Pendens has been filed ARP Fees are required.

MANOLOPOULOS, THOMAS E

90 Pritine Place

Block 51.10 Lot 1 Qual C0090

Thank you,

Jeanette Naylor

Washington Township Planning and Zoning Department Supervisor

523 Egg Harbor Road, Sewell NJ 08080

856-589-0520 ext. 2245

jnaylor@twp.washington.nj.us

twp.washington.nj.us

This transmission is confidential and privileged. The information contained herein is intended only for the review and use of the recipient(s) named above. If you have received this transmission in error, please do not disclose this information; instead return this e-mail to the sender. Any unauthorized disclosure, distribution, or other use of the transmitted information is strictly prohibited.



Please consider the environment before printing this e-mail

From: Ashley Erb <aerb@twp.washington.nj.us>

Sent: Tuesday, July 1, 2025 10:08 AM

To: 'Jeanette Naylor' <jnaylor@twp.washington.nj.us>; Gina Allegra <gallegra@twp.washington.nj.us>; 'Victoria Orr' <vorr@twp.washington.nj.us>; 'Wendy Carr-LaGamba' <wcarr-lagamba@twp.washington.nj.us>; 'Sheila Batten' <sbatten@twp.washington.nj.us>; 'Tina Fisher' <tfisher@twp.washington.nj.us>; 'Janet Musser' <jmusser@twp.washington.nj.us>; Courtney Hall <chall@twp.washington.nj.us>

Subject: OPRA 456-2025

Good Morning,

Please see attached OPRA #456-2025, due 07/10/25. Thank you! ☺

Respectfully,

Ashley Erb

TOWNSHIP OF WASHINGTON
DEPT OF LICENSE & INSPEC
856-256-0234/FAX:218-1473

Date Issued 07/31/2001
Control #
Permit # 99-0304

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 51.10 Lot 1 Qual _____
Work Site Location BLDG P#90 PRISTINE PLACE
SEWELL NJ 08080
Owner in Fee/Occupant PARKE PLACE CONDO DEVEL. CONDO
Address 303 HOLLYDELL DR
SEWELL, NJ 08080-
Telephone _____
Contractor PRUDENT BLDG/PARKE PLACE 01
Address 303 HOLLYDELL DR
SEWELL, NJ 08080-
Telephone (856)582-1999 Fax ()
Lic. No. or Hldrs. Reg. No. 01/22/01
Federal Emp. No. _____

☒ **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:

Home Warranty No. 028230
Type of Warranty Plan: ☒ State ☐ Private
Use Group R-3
Maximum Live Load 0
Construction Classification _____
Maximum Occupancy Load 0
Description of Work/Use:

RES CONDO

☐ **CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:1**

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 _____.

[Signature]
CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee \$ 25
Paid ☒ Check No. 261
Collected by: NJ

TOWNSHIP OF WASHINGTON
DEPT OF LICENSE & INSPEC
609-256-0234/FAX:218-1473

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/05/98
Date Issued 3/24/99
Control # C99-0304
Permit # 99-304

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 5L1 Lot 1 Qual _____
Work Site Location BLDG P#90 PRISTINE PLACE
SEWELL NJ 08080
Owner in Fee PARKE PLACE CONDO DEVEL CONDO
Address 303 HOLLYDELL DR
SEWELL, NJ 08080
Tele _____
Contractor PRUDENT BUILDING CORP 99
Address 303 HOLLYDELL DR
SEWELL, NJ 08080
Tele. (609) 582-1999 Fax () _____
Lic. No. or Bldrs. Reg. No. 03/01/99
Federal Exp. No _____

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

RES CONDO

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.	_____	_____	Type	Failure Failure Approval Initial
☐ All	_____	_____	Footings	_____
☐ Footing	_____	_____	Foundation	_____
☐ Foundation	_____	_____	Slab	_____
☐ Frame	_____	_____	Frame	<u>3-29-99</u>
☐ Other	_____	_____	BarrierFree	_____
Joint Plan Review Required:	_____	_____	Insulation	<u>4-5-99</u>
☐ Elect ☐ Plumb ☐ Fire	_____	_____	Finishes	_____
SUBCODE APPROVAL ☐ Elev	_____	_____	Energy	_____
☒ CO ☐ CCD ☐ CA	_____	_____	Mechanical	_____
Date: <u>7-30-01</u>	_____	_____	TCD	_____
Approved By: <u>[Signature]</u>	_____	_____	Other	_____
_____	_____	_____	Final	<u>7-30-01</u>
_____	_____	_____	BarrierFree	_____

TYPE OF WORK

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

FEE (Office Use Only)

\$	166
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-3
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 8 Ft.
Area Largest Floor 1,680 Sq. Ft.
New Bldg. Area/All Floors 1,680 Sq. Ft.
Volume of New Structure 18,460 Cu. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 54,000
2. Alteration \$ 0
3. Total (1+2) \$ 54,000

Industrialized Building:
☐ State Approved

Administrative Surcharge	\$	0
Paid ☐ Check # _____ Minimum Fee	\$	0
Collected by: _____ TOTAL FEE	\$	Incl Cred 133
DCA Training Fee	\$	30

TOWNSHIP OF WASHINGTON
DEPT OF LICENSE & INSPEC
609-256-0234/FAX:218-1473

UGC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/04/98
 Date Issued 3-24-99
 Control # C99-0304
 Permit # 99-304

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

Block 51.10 Lot 1 Qual _____
 Work Site Location BLDG P#90 PRISTINE PLACE
SEWELL NJ 08000
 Owner in Fee PARKE PLACE CONDO DEVEL CONDO
 Address 303 HOLLYDELL DR
SEWELL, NJ 08000-
 Tele _____ Fax () _____
 Contractor THOMSON CONSTRUCTION 98
 Address 300 JOHNSON ROAD
SICKLERVILLE, NJ 08081-
 Tele. (609) 875-4030
 Lic. No. or Bldrs. Reg. No. _____
 Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-3
 Building Sewer Size _____ [X] Public Sewer [] Private Septic
 Water Sewer Size _____ [X] Public Water [] Private Well
 Estimated Cost of Plumbing Work \$ 2,700

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required
 Joint Plan Review Required:
 [] Bldg [] Elect
 [] Fire [] Elevator
 [] Plumb. Plans Approved

Date: _____
 Approved By: _____
 SUBCODE APPROVAL
 [] CO [] CCO [] CA
 Approved By: R. Smith
 Date: 7-24-01

INSPECTIONS

Type	Failure	Approval	Initial	Dates (Month/Day)
Slab				
Rough				<u>3-29-99</u>
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				<u>10-11-99</u>
Solar				
TCD				
Final	<u>7-23-</u>	<u>7-24-</u>	<u>R.S.</u>	

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	14
0	Urinal / Bidet	0
2	Bath Tub	14
2	Lavatory	14
1	Shower	7
0	Floor Drain	0
1	Sink	7
1	Dishwasher	7
0	Drinking Fountain	0
1	Washing Machine	7
0	Hose Bib	0
1	Water Heater	7
0	Fuel Oil Piping	0
5	Gas Piping	35
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
1	Sewer Connection	35
1	Water Service Connection	35
0	Stacks	0
	Other <u>GAS CONN/AC</u>	42
	Other <u>1 DISP/1UNT</u>	14

Administrative Surcharge \$ _____
 Paid [] Check # _____ Minimum Fee \$ _____
 Collected by: _____ TOTAL FEE \$ Incl Cred 190
 DCA Training Fee \$ _____

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.

TOWNSHIP OF WASHINGTON
DEPT OF LICENSE & INSPEC
609-256-0234/FAX:218-1473

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/04/98
Date Issued 324 99
Control # C99-0304
Permit # 99-304

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

Block 51.10 Lot 1 Qual
Work Site Location BLDG P#90 PRISTINE PLACE
SEWELL NJ 08080
Owner in Fee PARKE PLACE CONDO DEVEL CONDO
Address 303 HOLLYDELL DR
SEWELL, NJ 08080-
Tele Fax ()
Contractor PITMAN ELECTRIC
Address 609 HOWARD AVE
PITMAN, NJ 08071-
Tele. (609)589-6401
Lic. No. or Bldrs. Reg. No. 2356
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed R-3
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co. ATLANTIC CITY ELEC
Estimated Cost of Electrical Work \$ 2,600

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Plumb
[] Fire [] Elevator
[] Elect Plans Approved

Date:
Approved By:

SUBCODE APPROVAL

[] CO [] CCO [] CA
Date: 7/23/98
Approved By:

INSPECTIONS

Dates (Month/Day)
Type Failure Failure Approval Initial
Rough
Temp Serv
Const Serv
TCO
Other
Service
Final

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued SEE 99-304

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
17		Lighting Fixtures	
36		Receptacles	
24		Switches	
0		Detectors	
0		Light Poles	
1		Motors-Fract HP	
0		Emergency & Exit Lights	
1		Communications Points	
0		Alarm Devices/F.A.C. Panel	
79		TOTAL NUMBERS	45
0		Pool Permit/with UM 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
1	2	KW Dishwasher	10
1	2	HP Garbage Disposal	10
1	3	KW Central A/C Unit	10
1	3	HP/KW Space Heater/Air Handler	10
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
1	100	AMP Motor Control Center	30
0	0	KW Elect Sign/Outline Light	0
		Other 4 SMOKE DET	40
		Other	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 and perform the work listed on this application.

Administrative Surcharge \$ 0
Paid [] Check # Minimum Fee \$ 0
Collected by: TOTAL FEE \$ Incl Cred 124
DCA Training Fee \$ 0

TOWNSHIP OF WASHINGTON
DEPT OF LICENSE & INSPEC
609-256-0234/FAX:218-1473

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received **05/04/98**
 Date Issued **2/24/99**
 Control # **C99-030A**
 Permit # **99-304**

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

Block 51.10 Lot 1 Qual
 Work Site Location BLDG #90 PRISTINE PLACE
SEWELL NJ 08080
 Owner in Fee PARKE PLACE CONDO DEVEL CONDO
 Address 303 HOLLYDELL DR
SEWELL, NJ 08080-
 Tel Fax ()
 Contractor FRIEDRICH HTS & A/C 98
 Address P.O. BOX 337
PITMAN, NJ 08071-
 Tele. (609)589-0559
 Lic. No. or Bldrs. Reg. No.
 Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3
 Constr Class Present Proposed
 Heating Systems ☒ New ☐ Existing ☐ HVAC
 Type: ☒ Gas ☐ Oil ☐ Elect ☐ Solar
☐ Other
 Location:
 Total Est Cost of Fire Prot Work \$ 4,800

Fire Alarm System
 New ☐ Existing ☐
 Location of Panels:
 Fire Suppression/Standpipe Sys
 New ☐ Existing ☐
 Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
	Type	Failure Failure Approval Initial
☐ No Plans Required	Alarm Sys	
Joint Plan Review Required:	Suppr Test	
☐ Bldg ☐ Elect	Standpipe	
☐ Plumb ☐ Elevator	Fire Pump	
☐ Fire Plans Approved	PreEng Sys	
Date: <u></u>	Mechanical	
Approved By: <u></u>	Smoke Ctl	
SUBCODE APPROVAL	Other	
☒ CO ☐ CCO ☐ CA		
Date: <u>7.19.98</u>		
Approved By: <u>[Signature]</u>		

C. CERTIFICATION IN LIEU OF OATH

D. TECHNICAL SITE DATA

Description of Work:
 Water Supply Source
 Method of Alarm/Suppr Sys Superv

Storage Tanks	FEE (Office Use Only)
Type: ☐ Flammable Liquid ☐ Combust Liquid	
☐ LPG ☐ LNG Capacity <u></u> Fuel <u></u>	
Alarm Systems ☐ 110v Interconnected <u>NUMBER</u>	
☐ System	
Alarm Devices (smoke, heat, pulls, water/flow) <u>4</u>	
Supervisory Devices (tamper, low/high air) <u>0</u>	
Signalling Devices (horn/strobes, bells) <u>0</u>	
Other Devices <u>0</u>	
TOTAL <u>4</u>	<u>25</u>
Suppression Systems	
Fire Pump <u>0</u> GPM Type <u></u>	<u>0</u>
Dry Pipe/Alarm Valves <u>0</u>	
Pre-action Valves <u>0</u>	
Sprinkler Heads (Dry and Wet) <u>0</u>	<u>0</u>
Standpipes <u>0</u>	<u>0</u>
Pre-Engineered Systems	
Wet Chemical <u>0</u>	<u>0</u>
Dry Chemical <u>0</u>	<u>0</u>
CO2 Suppression <u>0</u>	<u>0</u>
Foam Suppression <u>0</u>	<u>0</u>
Halon Suppression <u>0</u>	<u>0</u>
Other <u></u>	<u>0</u>
Kitchen Hood Exhaust System <u>0</u>	<u>0</u>
Smoke Control System <u>0</u>	<u>0</u>
Gas ☒ or Oil ☐ Fired Appliances <u>1</u>	<u>30</u>
Other <u>GAS FIRE PLACE</u>	<u>30</u>
Other <u></u>	<u>0</u>

Administrative Surcharge \$ 0
 Paid ☐ Check # Minimum Fee \$ 0
 Collected by: TOTAL FEE \$ Incl Cred 68