STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES AND STANDARDS
BUREAU OF ROOMING AND BOARDING
HOUSE STANDARDS
(609) 633-6251

BRBHS-1
8/02

PAGE 1 of 3
Control No. 0111-0024
License No.
Type of Construction Frame
No. of Stories 2 Units 5 rms
Lic. Capacity 10 No. of Res.
Class F
DATE: 4/24/24

◄ *EVALUATION REPORT AND ORDERS OF THE COMMISSIONER* ►

| Owner's Name, Address, Zip, County | Property Address, Zip, County |
|---|---|
| Stop the Heroin | 337 N. New York Road Galloway |
| Owner's Phone Number | Property Phone Number |
| Operator's Name | |

TYPE OF EVALUATION

SOCIAL ☒ ADDENDUM ☐
PHYSICAL ☒ CYCLICAL ☒

## — PLEASE READ CAREFULLY —

This evaluation performed by the Bureau of Rooming and Boarding House Standards is being conducted pursuant to the Rooming and Boarding House Act of 1979. (N.J.S.A. 55:13B-1 et seq.).

You are ORDERED to correct the conditions described in the attached notice of violations by the compliance date indicated for each violation. Failure to comply with these orders will result in penalties and/or a court action in accordance with section 10 and 11 of the Act. Please review the violations with the Bureau representative.

**You may contest** these orders at an administrative hearing. The request for a hearing must be made within 15 days after receipt of these orders. Each issue intended to be raised at the hearing must be set forth in detail in the letter. Any issue not so raised shall be deemed waived. The hearing shall be held pursuant to The Administrative Procedure Act, (C.52:14B□1 et seq.). Refer to the property address and date of compliance (*if applicable*) and address the hearing request to:

**Division of Codes and Standards, Hearing Coordinator, P.O. Box 804, Trenton, New Jersey 08625** with a copy to the **Chief, Bureau of Rooming and Boarding House Standards**, at the same address. A corporation may be represented only by a licensed attorney.

**You will be notified of the time and place of the hearing.**

**If you find an extension** of time necessary to abate any violation, a letter must be submitted two (2) weeks prior to the date of compliance which states in detail: (1) The violations abated to date; (2) The reason why each unabated violation cannot be corrected prior to the date of penalty; and (3) The date by which all violations can be abated.

By requesting an extension, one expressly waives the right to a hearing and admits that the Notice and Orders are correct and free from procedural and substantive defects.

Received By
William Schmucke
Printed Name of Person Served
4/24/24
Date Time Served

Commissioner
By Jay Raywood (SD)
Bureau of Rooming and Boarding House Standards

Bureau Representative Evaluator #

White – Owner's Copy Yellow – File Copy Pink and Goldenrod – Evaluator Copies

CamScanner

[X] NJAC 5:27
[ ] NJAC 5:27A

337 N. New York Galloway

**EVALUATION REPORT AND ORDERS OF THE COMMISSIONER**

| Administrative Code Reference | | Compliance Date | Reinspection Date | Compliance Date |
|---|---|---|---|---|
| | Fire Cert - 8/31/24 | | | |
| | - First Floor - | | | |
| | Living Room | | | |
| | - No violations | | | |
| | Common Bathroom | | | |
| | - No violation | | | |
| | OP Room | | | |
| | - No violations | | | |
| | Kitchen | | | |
| | - No violations | | | |
| | Living Room 2 | | | |
| | - No violations | | | |
| | Laundry Room | | | |
| | - No violations | | | |
| | Garage | | | |
| | - No violations | | | |
| | - Second Floor - | | | |
| | Room 1 | | | |
| | - No violations | | | |
| | Room 2 | | | |
| | - No violations | | | |
| | Room 3 | | | |
| | - No violations | | | |
| | Room 4 | | | |
| | - No violations | | | |
| | Common Hallway | | | |
| | - No violations | | | |



CamScanner

[X] NJAC 5:27
[ ] NJAC 5:27A

337 N. New York Galloway

**EVALUATION REPORT AND ORDERS OF THE COMMISSIONER**

| Administrative Code Reference | | Compliance Date | Reinspection Date | Compliance Date |
|---|---|---|---|---|
| | Common Bathroom | | | |
| | - No Violations | | | |
| | -Exterior- | | | |
| | No Violations | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Facility is approved | | | |
| | for a capacity of | | | |
| | 10 | | | |
| | ) | | | |
| | | | | |
| | - End of Report - | | | |

WHITE ~ Owner Copy YELLOW ~ File Copy PINK and GOLDENROD ~Evaluator Copies

CamScanner