BLOCK 210.03 LOT 8 QUALIFICATION CODE — ADDRESS (SITE) 12 Hollycrest drive PERMIT NO. 13-2505

# CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

**Applicant Completes: Sections I, II, III (optional), IV, VI, and VII**

**I. IDENTIFICATION**

1. Proposed Work Site at: 12 Hollycrest Drive Brick NJ 08723
2. Name of Owner in Fee: Jonathan Dusza
   Tel. ( [redacted] mail [redacted]
   Address 503 Woodpark Drive (street) Brick NJ (municipality) 08723 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Owner Tel. ( Same
   Address Same e-mail Same
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
   Federal Emp. ID No. ____ FAX: ( ) ✓
5. X Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ( ) ____ FAX: ( ) ____
6. Resp[redacted]gun Tonia & Jon Dusza
   Tel. [redacted] FAX: ( ) ____

**V. FEE SUMMARY (for office use only)**

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ 75 ✓ | | |
| 2. Electrical | | | |
| 3. Plumbing | | | |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | | | |
| 7. Less 20% for State Plan Review | $ | | |
| 8. Subtotal | $ | | |
| 9. State Permit Surcharge Fee | | | |
| 10. Subtotal | $ | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | | | |
| 13. TOTAL | $ 75 | | |

**VI. BUILDING/SITE CHARACTERISTICS** (office use only)

1. Number of Stories ____
2. Height of Structure ____ ft.
3. Area — Largest Floor ____ sq. ft.
4. New Building Area ____ sq. ft.
5. Volume of New Structure ____ cu. ft.
6. Max. Live Load ____
7. Max. Occupancy Load ____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed ____ sq. ft.
10. Flood Hazard Zone ____
11. Base Flood Elevation ____ ft.
12. Wetlands yes ____ no ____

**IIa. PROPOSED WORK**

☐ Minor Work ☐ New Building ☐ Addition ☒ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

**IIb. SUBCODES** (Check all that apply)

FOR OFFICE USE ONLY (Optional)

| | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|
| ☒ Building | 10,500 | | | | | | | | |
| ☐ Electrical | | | | | | | | | |
| ☐ Plumbing | | | | | | | | | |
| ☐ Fire Protection | | | | | | | | | |
| ☐ Elevator | | | | | | | | | |
| TOTAL COST | | | | | | | | | |

**VII. DESCRIPTION OF BUILDING USE**

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): ____

D. Construct. Classification: Present ____ Proposed ____

**III. PLAN REVIEW** (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

**IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?**

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/10/2013
Control Number C-13-003376
Permit Number 13-2505
Permit Issue Date 06/12/2013
Certificate Number 13-2505

# Certificate

Construction Code Division

(Certificate of Approval)

## Identification

Work Site Location: 12 HOLLYCREST DR. Brick Township, NJ Block: 210.03 Lot: 8 Qual:

Owner in Fee: DUSZA, JONATHAN

Owner Address: 12 HOLLYCREST DR BRICK NJ 08723

Telephone: [redacted]

Contractor DUSZA, JONATHAN

Address 12 HOLLYCREST DR BRICK NJ 08723

Telephone: [redacted] Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: DEMOLITION SINGLE FAMILY DWELLING

Certificate Comments:

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
**Conditions to be met:**

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period ( years); see file

☐ **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

☐ **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:
This certificate has an expiration date of:
**Conditions to be met:**

Construction Official

Fee: $0.00
Check Number:
Collected By:

*Date Printed: 07/10/2013* U.C.C. F260 (rev. 08/05)

# CONSTRUCTION PERMIT

Date Issued _____
Control # C-13-003376
Permit # _____

IDENTIFICATION Block: 210.03 Lot: 8 Qualifier _____
Work Site Location: 12 HOLLYCREST DR. Brick Township, NJ
Contractor DUSZA, JONATHAN
Address 12 HOLLYCREST DR BRICK NJ 08723
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No. _____
Federal Employee. No. _____

Owner in Fee DUSZA, JONATHAN
12 HOLLYCREST DR BRICK NJ 08723
Telephone: [redacted]

**Is hereby granted permission to perform the following work:**

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

DESCRIPTION OF WORK:
DEMOLITION SINGLE FAMILY DWELLING

**Note: If constuction 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** $10,500

Construction Official _____ Date _____

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $75 |
| Electrical | $0 |
| Plumbing | $0 |
| Fire Protection | $0 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $0 |
| CO Fee | |
| Other | $0 |
| Total | $75 |
| Check No. | |
| Cash | $0 |
| Credit | $0 |
| Collected By | |

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

## REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

If we encounter any esbestos on 12 Hollycrest Dr. We will dispose of it properly.

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received / Control # 13-2505

Date Issued / Permit # 6-12-13

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

Block 210.03 Lot 8 Qualification Code _____

Work Site Location 10 Hollycrest Drive, Brick NJ 08723

Owner in Fee: Jonathan Dusza

Tel [redacted] e-mail [redacted]

Address 503 Woodpark Drive Brick NJ 08723
(Street / municipality / zip code)

Contractor: owner Tel. ( ) _____

Address same e-mail same

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: ( ) _____

**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.

Sign here: X Jonathan Dusza

Print name here: _____

**TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Demolition of SFD

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [ ] Exterior | | |
| [ ] Interior | | |

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 07/02/13
Approved by: [redacted]

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | [redacted]13 | | 7-1-13 | G.P. |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

**Use Group** 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.

Max. Live Load _____

Max. Occupancy Load _____

**Constr. Class** Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

**Est. Cost of Bldg. Work:**

1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ X 10,500

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$ _____

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

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

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

permit # 13-2505

210.03 8

☐ Drop_____ ☐ Switch_____ ☒ Pickup 619

# CAMARATO DISPOSAL, INC.

No. 04005

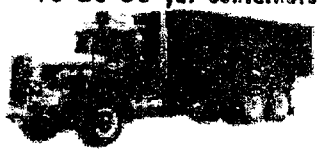
239 BAY STREAM • TOMS RIVER, NJ 08753

Service Address: 12 Holly Crest DR Brick

Bill Address: JUNATHAN DUSZA

732-616-2620

10-20-30 yd. containers



Phone: 732-279-1988
Fax: 732-279-1902

6/19/13 DATE

WEDNESDAY

WAITING TIME

| Quantity | Size-Yds. | Overage | Description | Price | |
|---|---|---|---|---|---|
| 1 | 30 | | | $650 | 00 |
| | | | | | |
| | | | | | |
| | | | Total Due | | |

THERE IS A 5 TON LIMIT ON THE RENTAL CONTAINER.
ANY OVERAGE WILL BE BILLED AT $ 90.00 PER TON.

| Type of Service |
|---|
| ☐ Open Roll-Off |
| ☐ Closed Roll-Off |
| ☐ Truck Rental |
| C.O.D. customers: Containers will be left on site for a maximum of 4 days. $25.00 per day thereafter. |

X_____ ☐ Container Overfilled*

| TYPE OF WASTE | | PAYMENT METHOD |
|---|---|---|
| ☐ Commercial Refuse | ☐ Stumps | Check_____ |
| ☐ Residential | ☐ Construction | Cash_____ |
| ☐ Wood/Pallets | ☐ Roofing | CC#_____ |
| ☐ Demolition | ☐ Tires | Exp._____ |
| ☐ Concrete | ☐ Brush | $35.00 Return Check Fee |

"Positively No Chemical or Hazardous Waste Accepted"

Driver | Truck | Box P.U. | Box D.O. | Dump

*Driver not responsible for spillage if container overfilled. *Not responsible for damages beyond curb. *Customer is responsible for any fines due to overfilled or overweight containers or for any damage to driveways, sidewalks, curbs, walkways, lawns, sprinkler systems, drain fields and shrubbery in connection with delivery of your container.

* Extra dumpster needed for additional debris not anticipated in orisinal quote.

☑ Drop 6/19 ☐ Switch _____ ☑ Pickup 6/20

# CAMARATO DISPOSAL, INC.

No. 04055

239 BAY STREAM • TOMS RIVER, NJ 08753

Service Address: 12 Holly CREST DR. BRICK

Bill Address: JONATHAN DUSZA

10-20-30 yd. containers

Phone: 732-279-1988
Fax: 732-279-1902

6/19 /13 _____ _____

DATE WAITING TIME

| Quantity | Size-Yds. | Overage | Description | Price | |
|---|---|---|---|---|---|
| 1 | 30 | | | 650 | 00 |
| | | 4.13 | TON OVER | 371 | 70 |
| | | | | | |
| | | | Total Due | $1021 | 70 |

THERE IS A 5 TON LIMIT ON THE RENTAL CONTAINER.
ANY OVERAGE WILL BE BILLED AT $ 90.00 PER TON.

| Type of Service |
|---|
| ☐ Open Roll-Off |
| ☐ Closed Roll-Off |
| ☐ Truck Rental |
| C.O.D. customers: Containers will be left on site for a maximum of 4 days. $25.00 per day thereafter. |

X _____ ☐ Container Overfilled*

| TYPE OF WASTE | | PAYMENT METHOD |
|---|---|---|
| ☐ Commercial Refuse | ☐ Stumps | Check _____ |
| ☐ Residential | ☐ Construction | Cash _____ |
| ☐ Wood/Pallets | ☐ Roofing | CC# _____ |
| ☐ Demolition | ☐ Tires | Exp. _____ |
| ☐ Concrete | ☐ Brush | $35.00 Return Check Fee |

"Positively No Chemical or Hazardous Waste Accepted"

| Driver | Truck | Box P.U. | Box D.O. | Dump |
|---|---|---|---|---|
| | | | | |

*Driver not responsible for spillage if container overfilled. *Not responsible for damages beyond curb. *Customer is responsible for any fines due to overfilled or overweight containers or for any damage to driveways, sidewalks, curbs, walkways, lawns, sprinkler systems, drain fields and shrubbery in connection with delivery of your container.

☑ Drop 6-19 ☐ Switch _____ ☑ Pickup 6-20

# CAMARATO DISPOSAL, INC.

No. 04054

239 BAY STREAM • TOMS RIVER, NJ 08753

Service Address: 12 HOLLYCREST DR BRICK

Bill Address: JONATHAN DUSEA

10-20-30 yd. containers

Phone: 732-279-1988
Fax: 732-279-1902

6/19/13
DATE

WAITING TIME

| Quantity | Size-Yds. | Overage | Description | Price | |
|---|---|---|---|---|---|
| 1 | 30 | | | $ 650 | 00 |
| | | .88 | TON OVER | 79 | 20 |
| | | | | | |
| | | | Total Due | $ 729 | 20 |

THERE IS A 5 TON LIMIT ON THE RENTAL CONTAINER.
ANY OVERAGE WILL BE BILLED AT $ 90.00 PER TON.

Type of Service
- ☐ Open Roll-Off
- ☐ Closed Roll-Off
- ☐ Truck Rental

C.O.D. customers: Containers will be left on site for a maximum of 4 days. $25.00 per day thereafter.

X _____ ☐ Container Overfilled*

TYPE OF WASTE

- ☐ Commercial Refuse
- ☐ Residential
- ☐ Wood/Pallets
- ☐ Demolition
- ☐ Concrete
- ☐ Stumps
- ☐ Construction
- ☐ Roofing
- ☐ Tires
- ☐ Brush

"Positively No Chemical or Hazardous Waste Accepted"

PAYMENT METHOD

Check _____
Cash _____
CC# _____
Exp. _____
$35.00 Return Check Fee

Driver | Truck | Box P.U. | Box D.O. | Dump

*Driver not responsible for spillage if container overfilled. *Not responsible for damages beyond curb. *Customer is responsible for any fines due to overfilled or overweight containers or for any damage to driveways, sidewalks, curbs, walkways, lawns, sprinkler systems, drain fields and shrubbery in connection with delivery of your container.

☐ Drop 6-19 ☐ Switch _____ ☐ Pickup 6-19

# CAMARATO DISPOSAL, INC.

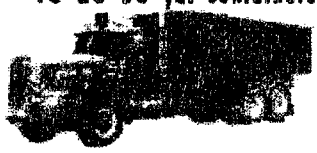
No. 04056

239 BAY STREAM • TOMS RIVER, NJ 08753

Service Address: 12 HOLLYCREST DR.
BRICK 08723

Bill Address: JONATHAN DUSZA

10-20-30 yd. containers



Phone: 732-279-1988
Fax: 732-279-1902

6/19/13
DATE

WAITING TIME

| Quantity | Size-Yds. | Overage | Description | Price | |
|---|---|---|---|---|---|
| 1 | 30 | | | $650 | 00 |
| | | | | | |
| | | | | | |
| | | | Total Due | | |

THERE IS A 5 TON LIMIT ON THE RENTAL CONTAINER.
ANY OVERAGE WILL BE BILLED AT $ 90.00 PER TON.

| Type of Service |
|---|
| ☐ Open Roll-Off |
| ☐ Closed Roll-Off |
| ☐ Truck Rental |
| C.O.D. customers: Containers will be left on site for a maximum of 4 days. $25.00 per day thereafter. |

X _____ ☐ Container Overfilled*

| TYPE OF WASTE | | PAYMENT METHOD |
|---|---|---|
| ☐ Commercial Refuse | ☐ Stumps | Check |
| ☐ Residential | ☐ Construction | Cash |
| ☐ Wood/Pallets | ☐ Roofing | CC# |
| ☐ Demolition | ☐ Tires | Exp. |
| ☐ Concrete | ☐ Brush | $35.00 Return Check Fee |

"Positively No Chemical or Hazardous Waste Accepted"

| Driver | Truck | Box P.U. | Box D.O. | Dump |
|---|---|---|---|---|
| | | | | |

*Driver not responsible for spillage if container overfilled. *Not responsible for damages beyond curb. *Customer is responsible for any fines due to overfilled or overweight containers or for any damage to driveways, sidewalks, curbs, walkways, lawns, sprinkler systems, drain fields and shrubbery in connection with delivery of your container.

☑ Drop_____ ☐ Switch_____ ☐ Pickup_____

# CAMARATO DISPOSAL, INC.

No. 04071

239 BAY STREAM • TOMS RIVER, NJ 08753

Service Address: 17 18 Hollcrest. Brick

10-20-30 yd. containers

Bill Address: JONATHAN DUSEA

Phone: 732-279-1988
Fax: 732-279-1902

6/19/13
DATE

WAITING TIME

| Quantity | Size-Yds. | Overage | Description | Price | |
|---|---|---|---|---|---|
| 1 | 20 | | Concrete | $475 | 00 |
| | | | | | |
| | | | | | |
| | | | Total Due | | |

THERE IS A _____ TON LIMIT ON THE RENTAL CONTAINER.
ANY OVERAGE WILL BE BILLED AT $_____ PER TON.

| Type of Service |
|---|
| ☐ Open Roll-Off |
| ☐ Closed Roll-Off |
| ☐ Truck Rental |
| C.O.D. customers: Containers will be left on site for a maximum of 4 days. $25.00 per day thereafter. |

X_____ ☐ Containes Overfilled*

| TYPE OF WASTE | | PAYMENT METHOD |
|---|---|---|
| ☐ Commercial Refuse | ☐ Stumps | Check_____ |
| ☐ Residential | ☐ Construction | Cash_____ |
| ☐ Wood/Pallets | ☐ Roofing | CC#_____ |
| ☐ Demolition | ☐ Tires | Exp._____ |
| ☐ Concrete | ☐ Brush | $35.00 Return Check Fee |
| "Positively No Chemical or Hazardous Waste Accepted" | | |

Driver | Truck | Box P.U. | Box D.O. | Dump

*Driver not responsible for spillage if container overfilled. *Not responsible for damages beyond curb. *Customer is responsible for any fines due to overfilled or overweight containers or for any damage to driveways, sidewalks, curbs, walkways, lawns, sprinkler systems, drain fields and shrubbery in connection with delivery of your container.

Facility where Material was disposed.

INV 4054

MAZZA
FACILITY ID# 195598
DEP# 1336001136
3230 SHAFTO RD.TINTON FALLS,NJ

Weighed: Mike Toffel
Deposit: Mike Toffel
BILL TO: 455
CAMARATO DISPOSAL *PREPAY*

Vehicle ID: AL837V
Reference: 30

Origin: BRICK, OCEAN
DATE IN: 06/20/2013 TIME IN: 07:17:25
DATE OUT: 06/20/2013 TIME OUT: 07:39:36

INBOUND TICKET Number: 01-155875

| | | |
|---|---|---|
| SCALE 1 GROSS WT. | 46820 | LB |
| SCALE 1 TARE WT. | 35060 | LB |
| NET WEIGHT | 11760 | LB |

| Qty | Description |
|---|---|
| 5.88 | CONSTRUCTION & DEMOL |

INV 4055

MAZZA
FACILITY ID# 195598
DEP# 1336001136
3230 SHAFTO RD,TINTON FALLS,NJ

Weighed: Anthony Battaglia
Deposit: JIM MEIXER
BILL TO: 455
CAMARATO DISPOSAL *PREPAY*

Vehicle ID: AAK241
Reference: 30 x35

Origin: BRICK, OCEAN
DATE IN: 06/20/2013 TIME IN: 11:18:38
DATE OUT: 06/20/2013 TIME OUT: 11:33:37

INBOUND TICKET Number: 02-053917

| | | |
|---|---|---|
| MANUAL GROSS WT. | 54980 | LB |
| SCALE 3 TARE WT. | 36660 | LB |
| NET WEIGHT | 18260 | LB |

| Qty | Description |
|---|---|
| 9.13 | CONSTRUCTION & DEMOL |

INV 4056

MAZZA
FACILITY ID# 195599
DEP# 1[illegible]001136
3230 SHAFTO RD, TINTON FALLS, NJ

Weighed: Anthony Battaglia
Deposit: JIM MEIMER
BILL TO: [illegible]455
CAMARATO DISPOSAL *PREPAY*

Vehicle ID: [illegible]837T
Reference: 30 YDS

Origin: BRICK, OCEAN
DATE IN: 06/10/2013 TIME IN: 11:38:06
DATE OUT: 06/10/2013 TIME OUT: 11:55:09

INBOUND TICKET Number: 02-663592

| | | |
|---|---|---|
| SCALE 2 GROSS WT. | 45840 | LB |
| SCALE 3 TARE WT. | 36540 | LB |
| NET WEIGHT | 9300 | LB |

| Qty | Description |
|---|---|
| 4.65 | CONSTRUCTION & DEMOL |

INV 4005

MAZZA
FACILITY ID# 195599
DEP# 1[illegible]001136
3230 SHAFTO RD, TINTON FALLS, NJ

Weighed: Sarah French
Deposit: JIM MEIMER
BILL TO: 455
CAMARATO DISPOSAL *PREPAY*

Vehicle ID: [illegible]837T
Reference: 30 YDS

Origin: BRICK, OCEAN
DATE IN: 06/10/2013 TIME IN: 13:28:14
DATE OUT: 06/10/2013 TIME OUT: 13:39:13

INBOUND TICKET Number: 02-663684

| | | |
|---|---|---|
| SCALE 2 GROSS WT. | 47300 | LB |
| SCALE 3 TARE WT. | 37800 | LB |
| NET WEIGHT | 9500 | LB |

| Qty | Description |
|---|---|
| 4.75 | CONSTRUCTION & DEMOL |

*Applicable to Ordinance 720-92*
*This form must be handed in with permit application or a permit will not be issued*

**TOWNSHIP OF BRICK**
**Debris Form**

Work Site Address: 12 Hollycrest Drive Brick NJ 08723

Block: 210.03 Lot: 8

Contractor: Owner

Contractor's Address: 503 wood park Drive Brick NJ 08723

Type of Construction (minor, new home): Demolition

Type of Debris (shingles, siding, wood, etc.): Siding, wood, shingles

Party responsible for removal: Owner

Dumpster size: _____

Destination of debris: _____

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Tonia Dusza
Signature

6/12/13
Date

Tonia Dusza
Print Name

BRICK UTILITIES
THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 Highway 88 West * Brick, New Jersey 08724-2399
(732) 458-7000 * FAX (732) 458-5378
www.brickmua.com

JAMES F. LACEY, C.P.W.M.
*Executive Director*



May 29, 2013

DUSZA, JONATHAN
503 WOODPARK DR
BRICK, NJ 08723-7537

Account: 4648004-0
Service Location: 12 HOLLYCREST DR
Block: 210.03_8
Subject: Building to Be Demolished and Reconstructed

Dear Customer,

This is to certify that the water and sewer service at the subject property has been terminated and the water metering system has been removed.

If further information is required, please contact the undersigned.

Respectfully yours,

Beverly

BEVERLY
Customer accounts representative

LTR115

New Jersey Resources

February 23, 2013

Mr. Jonathan Dusza
503 Woodpark Drive
Brick, NJ 08723

RE: **12 Hollycrest Drive-Brick Township**
**Gas Service Retired due to Hurricane Sandy**

Dear

Per your request, New Jersey Natural Gas Company has investigated the above referenced property for the presence of natural gas facilities. The facilities (if any) have been permanently retired at the main, which may be in the road or behind the curb.

************IMPORTANT************

**PLEASE READ CAREFULLY**

**SHOULD YOU REQUIRE GAS SERVICE RESTORED, PLEASE FOLLOW THE DIRECTIONS BELOW:**

1. **Call 1-800-221-0051, a minimum of 6 weeks prior to the estimated reconnection date. This is necessary for us to obtain permits required to restore your service.**

2. When you call, ask to speak to a MARKETING REPRESENTATIVE, who will assist you to have a new gas service line run.

3. Please be advised that the new service line must be installed according to the current company installation standards.

NEW JERSEY NATURAL GAS COMPANY
1420 Wyckoff Road
Wall, New Jersey 07719

c. NBPT
File

Jersey Central
Power & Light
A FirstEnergy Company

417 New Jersey Avenue
Point Pleasant Beach, NJ 08742

March 13, 2013

Jonathan Dusza
503 Woodpark Dr
Brick NJ 08723

Ref: DR #328521830

Dear Customer:

This letter confirms that Jersey Central Power & Light Company has performed a field inspection of the building listed below and determined that our electric service cables and meters have been removed.

12 Hollycrest Dr
Brick NJ 08723

This notification is effective as of the above date, and certifies the referenced building is now electrically safe for demolition.

Sincerely,

Maureen Strittmatter
Distribution Specialist

MS/bmc

demoltr.pf1

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. (X) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. (X) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature Jose Duza Date 6/12/13

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone ( _____ ) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.