BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

[illegible]

Date Received 10/5/98
Date Issued
Control #
Permit #

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

Block 18 Lot 23

Work Site Location 298 Rumson Rd
Little Silver NJ

Owner in Fee Bill Smith

Address 298 Rumson Rd
Little Silver NJ

Tele. ( )

Contractor [illegible]

Address [illegible]
Red Bank NJ

Tele. (732) [illegible] Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. [illegible]

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.

[illegible]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove 550 gal UST

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class 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.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+ 2) $ 652

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 ____
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

U.C.C. F110
(rev. 3/96)

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

BOROUGH OF RED BANK
90 MONMOUTH STREET
RED BANK, NEW JERSEY 07701
Phone (732) 530-2760
Fax (732) 530-2766

DISPOSAL FORM

Block_____ LOT_____

Work Site Location: 29 Riverside Pl Little Silver

Owner Name: Bill Smith
Address: 29 Riverside Pl LS
Telephone: [redacted]

Name of Contractor: Faces
Address of Contractor: 62 Wharton Pl Red Bank
Telephone: 732 842 7411

Type of Construction/Demolition Debris:
Remove UST steel

Name of Disposal Firm: LMC
Address: Old Bridge NJ

Phone: _____

Where is it being Disposed of:
Name: Red Bank Recycling -
Address: Red Bnk

Phone: _____

Signature of Owner, Contractor or Agent:

Paul Rut
Signature

10/5-07
Date

Disposal/pat/form ltr.

Date Issued 10/05/98
Control #
Permit # 98-0449

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 18 Lot 23 Qual

Work Site Location 295 RUMSON ROAD
TANK REMOVAL
Owner in Fee SMITH, WILLIAM
Address SAME
LITTLE SILVER, NJ 07739-
Telephone [redacted]

Contractor FOCUS ENVIRONMENTAL
Address 62 WEST BERGEN PLACE
RED BANK, NJ 07701-
Telephone (732)842-7900
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TANK REMOVAL.....DIG# 98-2730852

PAYMENTS (Office Use Only)

Building	50
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	50
Check No.	1956
Cash	
Collected By	SEP

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 $ 650

Construction Official

10/05/98
Date

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

Date Issued 10/21/98
Control #
Permit # 98-0449

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 18 Lot 23 Qual
Work Site Location 295 RUMSON ROAD
TANK REMOVAL
Owner in Fee/Occupant SMITH, WILLIAM
Address SAME
LITTLE SILVER, NJ 07739-
Telephone [redacted]
Contractor FOCUS ENVIRONMENTAL
Address 62 WEST BERGEN PLACE
RED BANK, NJ 07701-
Telephone (732)842-7900 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group U
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TANK REMOVAL.....DIG# 98-2730852
FINAL INSPECTION CONDUCTED 10/16/98. TOTAL COST OF WORK $650.00

[ ] 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.

[X] 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:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
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 _____, ___.

Fee $ 0
Paid [X] Check No. 1956
Collected by: SEP

CONSTRUCTION OFFICIAL
U.C.C./F200 (rev. 3/96)

BUILDING
SUBCODE
TECHNICAL SECTION

Date Issued 10/16/98
Control #
Permit # 98-0449

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

Block 16 Lot 23 Qual

Work Site Location 295 RUMSON ROAD
TANK REMOVAL

Owner in Fee SMITH, WILLIAM

Address SAME
LITTLE SILVER, NJ 07739-

Tele [redacted]

Contractor FOCUS ENVIRONMENTAL

Address 62 WEST BERGEN PLACE
RED BANK, NJ 07701-

Tele.(732)842-1980 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. 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

TANK REMOVAL. . .....DIR# 98-2730852

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] COO [✓] CA
Date: 10-16-98
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other TANK REMOVAL			10-16-98	
Final				
BarrierFree				

TYPE OF WORK

		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[ ] Alteration		0
[ ] Roofing		0
[ ] Siding		0
[ ] Fence 0	Height (exceeds 6')	0
[ ] Sign 0	Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement Subchapter 8		0
[ ] Lead Haz. Abatement NJAC 5:17		0
[ ] Other		0
Other		0
[X] Demolition		50

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories U
Height of Structure 1 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 $ 650
3. Total (1+2) $ 650

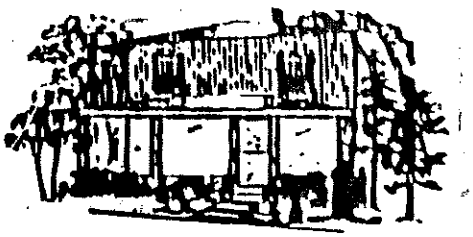
Industrialized Building:
[ ] State Approved
[ ] HUD

	Administrative Surcharge	$ 0
Paid [X] Check # 1956	Minimum Fee	$ 0
Collected by: SEP	TOTAL FEE	$ 50
	DCA Training Fee	$ 0

N.C.S. 5110 (rev. 3/96)

BROWN'S
HEATING & COOLING

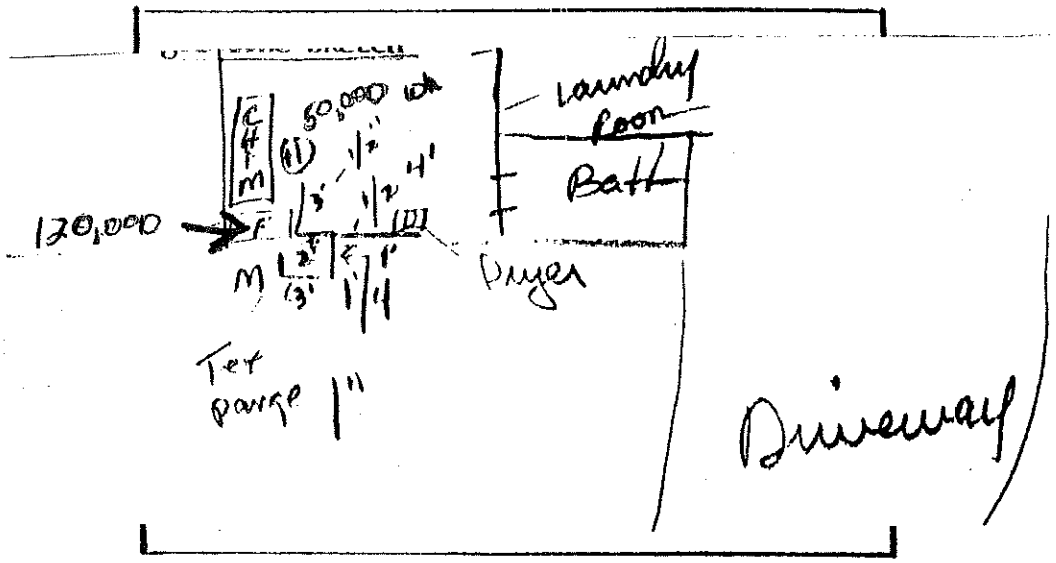
4 PATTERSON AVE. • SHREWSBURY, NJ 07702
908-741-0694 • FAX 908-219-6708
— Over 35 Years Experience —



Our Customers Demand Quality

GAS LINE DIAGRAM

MAIN SIZE: 1" 1 1/4" 1 1/2" 2"



LOCATION OF: FURNACE, BOILER, WATER HEATER, DRYER, RANGE

LINE SIZE: (1/2", 3/4"), Furnace drops 1/2", H/W drops 1/2", range 3/4",

INDICATE LOCATION OF DRIVEWAY, STREET, METER AND APPLIANCE BEING INSTALLED

NAME: Smith
ADDRESS: 295 Rumson Rd, Little Silver
DATE: 1/21/98

1-26-98

CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK:_____ LOT:_____ PERMIT#:_____

WORKSITE ADDRESS: 295 Rumson Rd., Little Silver
name of Smith

Certifying Individual(Print Name)
Name: Larry Brown
Address
Street:_____
State:_____

Company
Name: Brown's Heating & Cooling
4 Patterson Ave.
City: Shrewsbury, NJ
Zip: 07702
Phone# (732) 741-0694

Check The Appropriate Box
Type of replacement:
[X] Oil to Gas Conversion
[ ] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other (describe):_____

Existing vent/chimney:
[ ] B label vent
[ ] L label vent
[ ] Masonry chimney-Tile lined
[X] Flexible liner
[ ] Power vent/exhauster
[ ] Other (describe):_____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS
CERTIFICATION

For Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Signature 1-21-98 Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify the the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Certification Not Submitted:

Signature Date

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature Date

Direct Vent Appliance:
No certification required:

Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO INSPECTION.

F370

RED · BANK

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____
Work Site Location 295 Rumson rd.
Little Silver, NJ 07739
Owner in Fee Bill Smith
Address 295 Rumson Rd.
Little Silver, NJ 07739
Tele. (732) [redacted]
Contractor Brown's Haeting & Cooling
Address 4 Patterson Ave.
Shrewsbury, NJ 07702
Tele. (732) 741-0694
Lic. No. _____
Federal Emp. No. _____ or Social Security No. 406-38-5034

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [XX Existing
Type: [XX Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other replace ~~gas~~ oil hot air furnace w/gas 120,000 BTU
Location: unit & water heater with 50 gallon gas unit.
Total Est. Cost of Fire Prot. Work $ 3,975.00 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: _____
Approved by: _____
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

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

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks ( ) Capacity _____ Fuel _____
Combustible Liquid Storage Tanks ( ) Capacity _____ Fuel _____
L.P.G. Storage Tanks ( ) Capacity _____ Fuel _____
L.N.G. Storage Tanks ( ) Capacity _____ Fuel _____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by _____ TOTAL FEE $ _____

U.C.C. Form F-140A

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

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 01/22/98
Date Issued 1/29/98
Control # C18/23
Permit # 98-1022

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

Block 18 Lot 23
Work Site location 295 RUMSON ROAD
OIL TO GAS CONVERSION
Owner in Fee SMITH, WILLIAM
Address SAME
SAME, NJ 07739-
Tele. [redacted]
Contractor BROWN'S HEATING & COOLING
Address 4 PATTERSON AVE
SHREWSBURY, NJ 07702-
Tele.(908)741-0694
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No. 406-38-5034

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-4 Proposed R-4
Construction Class Present Proposed
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot. Work $ 375 [X] Other OIL TO GAS CONVERSION

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppr Test				
F-Alarm Tst				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

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.

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity 0 Fuel
Combustible Liquid Storage Tanks ( ) Capacity 0 Fuel
L.P.G. Storage Tanks ( ) Capacity 0 Fuel
L.N.G. Storage Tanks ( ) Capacity 0 Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	0	
Dry Sprinkler Heads	0	
TOTAL	0	0
Smoke Detectors	0	
Heat Detectors	0	
TOTAL	0	0
Stand Pipes	0	0
Kitchen Hood Exhaust Systems	0	0
Pre-Engineered Systems		
CO2 Suppression	0	0
Halon Suppression	0	0
Foam Suppression	0	0
Dry Chemical	0	0
Wet Chemical	0	0
Gas or Oil Fired Appliance	2	70
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	70
DCA Training Fee	$	1

Paid [ ] Check #
Collected by:

BORO OF RED BANK

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block ______ Lot ______
Work Site Location 295 Rumson Rd.
Little Silver, Nj 07739
Owner in Fee Bill Smith
Address 295 Rumson Rd.
Little Silver, NJ 07739
Tele. (732) [redacted]
Contractor Alex Caprio
Address 314 Dock St.
Union BEach, NJ 07735
Tele. (732) 264-6024 / 741-0694
Lic. No. 4047
Federal Emp. No. ______ or Social Security No. 149-20-3869

B. PLUMBING CHARACTERISTICS

Use Group Present ______ Proposed ______
Building Sewer Size ______
Water Service Size ______
Estimated Cost of Plumbing Work $ included in fire

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 1-26-98
Approved by: [signature]

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by: ______
Date: ______

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

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] Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
~~XXX~~	Gas Piping	
	Fuel Oil Piping	
1 50 gal	Water Heater gas	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
XXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
XXXX	XXXXXXXXXXXXXXXX	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
1 120,000 BTU	Other oil to gas hot air	

Administrative Surcharge $______
Paid [ ] Check # ______ Minimum Fee $______
Collected by: ______ TOTAL $______

U.C.C. Form F-130A
1 White=Inspector Copy 3 Pink=Office Copy
2 Canary=Office Copy 4 Gold=Applicant Copy