BLOCK 1045.01 LOT 122 QUALIFICATION CODE 5 ADDRESS (SITE) 334 Alden St PERMIT NO. 07-2680

RECD AUG 3 3 2007

CONSTRUCTION PERMIT APPLICATION

07-004649

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

I. IDENTIFICATION

1. Propsed Work Site at: 334 Alden St
2. Name of Owner in Fee: Lisa Rubin [redacted]
   Address 334 Alden St (street) Brick (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Environmental Specialists Tel. (732) 370 0913
   Address 900 Ft Plains Rd Howell NJ 07731
   License No. OR, if new home, Builder Reg. No. 13VH01243200 Exp. Date 12/07
   Federal Employee No. 16-1685231 FAX: (732) 370 0913
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work Larry Klimek
   Tel. (732) 370 0913 FAX ( ) ____

Called 9/5/07 RB

Removal of 290g UST ✓

V. FEE SUMMARY (for office use only)

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

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. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____	
no ____	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection					8/15/07	OS			
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	900 -								

III. DO YOU WANT: (optional)

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction ____
After Construction ____
Net Gain or Loss ____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 2/5/2009
Control Number C-07-004049
Permit Number 07-2680
Permit Issue Date 8/29/2007
Certificate Number 07-2680

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 334 ALDEN STREET Brick Township, NJ Block: 645.01 Lot: 122 Qual:

Owner in Fee: RUBIN, LISA

Owner Address: 334 ALDEN ST BRICK NJ 08723

Telephone: [redacted]

Contractor ENVIRONMENTAL SPECIALIST

Address 900 FORT PLAINS ROAD HOWELL NJ 07731

Telephone: (732) 370-0913 Fax:

License Number or Builders Registration Number: 13VH01243200 Federal Emp. Number: 16-1685231

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TANK REMOVAL TANK REMOVAL OF 290 GALLON; ACTUAL JOB COST $900.00 (RESIDENTIAL)

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: 2/5/2009

U.C.C. F260 (rev. 08/05)

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

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 _____ Date _____

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. 5:32-2.15(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 ENVIROMENTAL SPECIALISTS, LLC
900 FORT PLAINS ROAD
HOWELL, NJ 07731
732-370-0913

Telephone (_____) _____

Signature _____

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

Drawings Emailed

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 8/29/07
Control #
Permit # 07-2680

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

Block 645.01 Lot 122
Work Site Location 334 Alden St

Owner in Fee Lisa Rubin
Address 334 Alden St
Brick, NJ 08723
Tele [redacted]
Contractor Environmental Specialists
Address 900 Ft Plains Rd
Howell NJ 07731
Tele. (732) 370 0913 Fax (732) 370 0913
Lic. No. 13VH01243200
Federal Emp. No. 116-1685231

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 900-

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 8/29/07
Approved by: _____

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final	9/4/07		9/5/07	9/6/07
Other	9/4/07		9/4/07	9/6/07

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: Removal of 290g UST

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [X] Combustible Liquid		
[ ] LPG [ ] LNG Capacity 290 Fuel ____		
Alarm Systems [ ] 110v Interconnected **NUMBER**		
[ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	____	
Supervisory Devices (i.e., tampers, low/high air)	____	
Signaling Devices (i.e., horn/strobes, bells)	____	
Other Devices _____	____	
TOTAL	____	
Suppression Systems		
Fire Pump ____ GPM Type ____	____	
Dry Pipe/Alarm Valves	____	
Pre-action Valves	____	
Sprinkler Heads (Dry and Wet)	____	
Standpipes	____	
Pre-engineered Systems		
Wet Chemical	____	
Dry Chemical	____	
CO_2 Suppression	____	
Foam Suppression	____	
Halon Suppression	____	
Other _____	____	
Kitchen Hood Exhaust System	____	
Smoke Control System	____	
Gas [ ] or Oil [ ] Fired Appliances	____	
Other _____	____	

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

U.C.C. F140
(rev. 3/96)

This is an acknowledgement that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

[DISP]OSAL SYSTEMS, INC.

[illegible] ... agreed to by the shipper and accepted for himself and his assigns.

CARRIER'S NO.	DATE	SHIPPER'S NO.
[illegible]	1-15-08	2052

Environmental Specialists
F Street + 18th Ave
Lake Como (Belmar) NJ

TO CONSIGNEE: Disposal Systems Inc.
STREET: Rte 526
DESTINATION: Imlaystown NJ ZIP CODE 08526

DELIVERING CARRIER: DSI
ROUTE:
CAR OR VEHICLE INITIALS & NO. 34

NO. PACKAGES	KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT (SUBJECT TO CORR.)	CLASS OR RATE	✓	CHARGES (FOR CARRIER USE ONLY)
1	T/T 2037 gallons Petroleum			✓	
	mixture liquid non				
	non-DOT non-RCRA	Tank # 72			
	NJDEP #8158-1313B				

REMIT C.O.D. TO: 24hr #1-609-259-4340

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight".

† Shipper's imprints in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding $ ______ per ______

COD AMT. $ ______

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

C.O.D. FEE:
☐ Prepaid
☐ Collect $

TOTAL CHARGES $

Freight charges are PREPAID unless marked collect.

☐ Check box if charges are Collect.

"This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation".

(2C37001)
Permanent post-office address of shipper

Shipper, Per [signature]

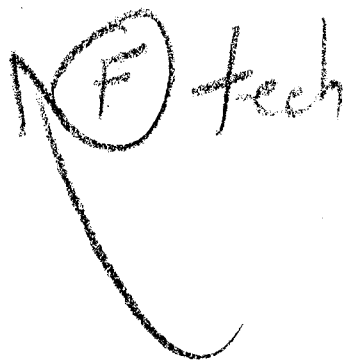
Agent, Per ______

Auburn
07-2680

9/14/07

VisualDB

Need Tool Shader



CONSTRUCTION PERMIT

Date Issued 08/29/2007
Control # C-07-004049
Permit # 07-2680

IDENTIFICATION Block: 645.01 Lot: 122 Qualifier

Work Site Location: 334 ALDEN STREET Brick Township, NJ

Owner in Fee RUBIN, LISA
334 ALDEN ST BRICK NJ 08723

Telephone: [redacted]

Contractor ENVIRONMENTAL SPECIALIST
Address 900 FORT PLAINS ROAD HOWELL NJ 07731

Telephone: 732/3700913
Lic. No. or Bldrs. Reg. No. 13VH01243200
Federal Employee. No. 16-1685231

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

TANK REMOVAL TANK REMOVAL OF 290 GALLON; ACTUAL JOB COST $900.00 (RESIDENTIAL)

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

Estimated Cost of Work $300

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$70
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$70
Check No.	2049
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

U.C.C. F170
equiv (rev 8/03)

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.

JOHN BLEWETT INC.

AUTO WRECKER
SCRAP RECYCLING
USED AUTO PARTS

246 HERBERTSVILLE RD.
HOWELL, N.J. 07731
(732) 938-5331

Environmental

Special Use

DATE 10/20/07

WEIGHT		PRICE	TOTAL
	#1 STEEL		
2930	#2 STEEL tare	$750	21975
	D.M.B.		
	CAST IRON		
	COPPER		
	COPPER		
	COPPER		
	BRASS		
	ALUM		
	RADS		
	BATT		
	LITE IRON		
	AL CANS		
	CARS		

I am the owner of said vehicle(s) and I release it to John Blewett, Inc.

Signature of Owner: _____

Rubum
07-2680

FIRE 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 645.01 Lot 122
Work Site Location 334 Alden St

Owner in Fee Lisa Rubin
Address 334 Alden St
Brick NJ 08723
Tele. [redacted]
Contractor Environmental Specialists
Address 900 Ft Plains Rd
Howell NJ 07731
Tele. (732) 370 0913 Fax (732) 370 0913
Lic. No. 13VH01243200
Federal Emp. No. 116-168-5231

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 900-

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve:
_____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
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: Removal of 290g UST

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Storage Tanks
Type: [ ] Flammable Liquid [X] Combustible Liquid
[ ] LPG [ ] LNG Capacity 290 Fuel ____
Alarm Systems [ ] 110v Interconnected [ ] System

	NUMBER	FEE (Office Use Only)
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other _____		

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

U.C.C. F140
(rev. 3/96)

Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Environmental Specialists LLC
Lawrence Klimek
900 Fort Plains Rd
Howell NJ 07731

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

10/23/2006 TO 12/31/2007
VALID

13VH01243200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Environmental Specialists LLC
Home Improvement Contractor

10/23/2006 TO 12/31/2007
VALID

13VH01243200
License/Registration/Certificate #

SIGNATURE

ACTING DIRECT

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

Env Exp # - 16-1152351

DEPARTMENT OF ENVIRONMENTAL PROTECTION — STATE OF NEW JERSEY

Hereby Certifies the Goodstanding of:

LAWRENCE KLIMEK SSN: 142-40-4462

License No. 215873 Reg No. 215873

as a licensed LICENSED

CLOSURE

Expires: 03/31/07 Document#: 040235870

Certifies That

ENVIRONMENTAL SPECIALIST LLC
900 FORT PLNS RD
Howell, NJ 07731

Having duly met the requirements of the

Underground Storage Tank Certification Program
N.J.S.A. 58:10A-24.1-8

Is hereby approved to perform the following services:

CLOSURE

07/31/2010
EXPIRATION DATE

US232245
CERTIFICATION NUMBE

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

TANK ABATEMENT OR ASBESTOS NOTIFICATION

DATE: 8/10/07

PROJECT: 290 g UST Removal - Rubin Residence

STREET: 334 Alden St

CONTRACTOR: ENVIRONMENTAL SPECIALISTS, LLC LICENSE NO. 130HD12432200

ADDRESS: 900 FORT PLAINS ROAD HOWELL, NJ 07731 732-370-0913 Fed I.d.# 16-1685231

A.S.C.M.: LICENSE NO.

MAILING ADDRESS:

OSHA AIR MONITOR:

ADDRESS:

BUILDING OWNER: Lisa Rubin

MAILING ADDRESS: 334 Alden St

Brick NJ 08723 PHONE [redacted]

ENGINEER/ARCHITECT:

MAILING ADDRESS:

PHONE:

WASTE HAULER: Disposal Systems LICENSE NO.: DEP# 53153 13138

LAND FILL: Tank to be disposed at Blewetts

TOWN: Herbertsville

JOB SIZE: (circle one) MINOR ____ SMALL X LARGE ____

QUANITY OF WASTE GENERATED: CU YARDS

LINEAR FOOTAGE:

SQUARE FOOTGAE:

PROPOSED START DATE: TBD PROPOSED FINISH DATE:

COST OF WORK: $ 900 -

CONSTRUCTION PERMIT # DATE: