

BLOCK 382.35 LOT 2 QUALIFICATION CODE \_\_\_\_\_ ADDRESS (SITE) \_\_\_\_\_ PERMIT NO. 17-3190



# CONSTRUCTION PERMIT APPLICATION

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

L-17-004267

**I. IDENTIFICATION**

1. Proposed Work Site at: 3 BOW DRIVE, BRICK, NJ 08723

2. Name of Owner in Fee: RICHARD & CARLEEN DORE

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address 3 BOW DRIVE, BRICK, NJ 08723

3. Ownership in Fee: Public \_\_\_\_\_ Private ☒ Municipality \_\_\_\_\_ Zip code \_\_\_\_\_

4. Principal Contractor: HOME OWNER Tel. \_\_\_\_\_

Address 3 BOW DRIVE, BRICK, NJ 08723 e-mail \_\_\_\_\_

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. Architect or Engineer \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Tel. ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

6. Responsible Person in Charge once Work has Begun

Tel. ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

| V. FEE SUMMARY (for office use only) |               | Update | Update |
|--------------------------------------|---------------|--------|--------|
| 1. Building                          | \$ <u>250</u> |        |        |
| 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        | \$ <u>27</u>  |        |        |
| 10. Subtotal                         | \$            |        |        |
| 11. Cert. of Occupancy               |               |        |        |
| 12. Other                            |               |        |        |
| 13. TOTAL                            | \$ <u>277</u> |        |        |

**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)

☐ Building ☐ Electrical ☐ Plumbing ☐ Fire Protection ☐ Elevator

| FOR OFFICE USE ONLY (Optional) |                |            |                |               |           |                    |          |           |           |
|--------------------------------|----------------|------------|----------------|---------------|-----------|--------------------|----------|-----------|-----------|
| Est. Cost                      | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates | Approval | Rejection | Re-viewer |
|                                |                |            |                |               |           |                    |          |           |           |
|                                |                |            |                |               |           |                    |          |           |           |
|                                |                |            |                |               |           |                    |          |           |           |
|                                |                |            |                |               |           |                    |          |           |           |
|                                |                |            |                |               |           |                    |          |           |           |
|                                |                |            |                |               |           |                    |          |           |           |
|                                |                |            |                |               |           |                    |          |           |           |
|                                |                |            |                |               |           |                    |          |           |           |
|                                |                |            |                |               |           |                    |          |           |           |
|                                |                |            |                |               |           |                    |          |           |           |

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 3/9/2018  
Control Number C-17-004267  
Permit Number 17-3190  
Permit Issue Date 9/25/2017  
Certificate Number 17-3190

## Certificate

Construction Code Division  
(Certificate of Approval)

### Identification

Work Site Location: 3 BOW DRIVE Brick Township, NJ Block: 382.35 Lot: 2 Qual: \_\_\_\_\_  
Owner in Fee: DOPF, RICHARD W & CARLEEN A  
Owner Address: 3 BOW DR BRICK NJ 08723  
Telephone: \_\_\_\_\_  
Contractor: DOPF, RICHARD W & CARLEEN A  
Address: 3 BOW DR BRICK NJ 08723  
Telephone: \_\_\_\_\_ 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: SIDING

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

Date Printed: 3/9/2018

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

Fee: \$0.00

Check Number: \_\_\_\_\_

Collected By: \_\_\_\_\_

Page 1



**BUILDING SUBCODE  
TECHNICAL SECTION**



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

Block 382.35 Lot 2 Qualification Code \_\_\_\_\_  
Work Site Location 3 Bow Drive, Brick, NJ 08723

Owner in Fee: RICHARD & CARLEEN DORF

Tel \_\_\_\_\_ e-mail \_\_\_\_\_

Address 3 Bow Drive, Brick, NJ 08723

Street

Municipality

Zip Code

Contractor: \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. or Builder Registration No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

Federal Emp. ID No. \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                                                                                                                    | Date | Initial | INSPECTIONS           | Dates (Month/Day) |         |          |         |
|--------------------------------------------------------------------------------------------------------------------------------|------|---------|-----------------------|-------------------|---------|----------|---------|
|                                                                                                                                |      |         | Type:                 | Failure           | Failure | Approval | Initial |
| <input type="checkbox"/> No Plans Required                                                                                     |      |         | Footings              |                   |         |          |         |
| <input type="checkbox"/> All                                                                                                   |      |         | Footings/Bonding      |                   |         |          |         |
| <input type="checkbox"/> Footings/Foundations                                                                                  |      |         | Foundation            |                   |         |          |         |
| <input type="checkbox"/> Structural/Framework                                                                                  |      |         | Slab                  |                   |         |          |         |
| <input type="checkbox"/> Exterior                                                                                              |      |         | Frame                 |                   |         |          |         |
| <input type="checkbox"/> Interior                                                                                              |      |         | Truss Sys./Bracing    |                   |         |          |         |
| Joint Plan Review Required:                                                                                                    |      |         | Barrier-Free          |                   |         |          |         |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator |      |         | Insulation            |                   |         |          |         |
| SUBCODE APPROVAL for PERMIT                                                                                                    |      |         | Finishes - Base Layer |                   |         |          |         |
| Date:                                                                                                                          |      |         | Finishes - Final      |                   |         |          |         |
| Approved by:                                                                                                                   |      |         | Energy                |                   |         |          |         |
| SUBCODE APPROVAL for CERTIFICATE                                                                                               |      |         | Mechanical            |                   |         |          |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO                                                                       |      |         | TCO                   |                   |         |          |         |
| Date:                                                                                                                          |      |         | Other                 |                   |         |          |         |
| Approved by:                                                                                                                   |      |         | Final                 |                   |         |          |         |
|                                                                                                                                |      |         | Barrier-Free          |                   |         |          |         |

**B. BUILDING CHARACTERISTICS**

| Use Group Present                       | Proposed | Constr. Class Present             | Proposed  |
|-----------------------------------------|----------|-----------------------------------|-----------|
| No. of Stories _____                    | _____    | If Industrialized Building: _____ | _____     |
| Height of Structure _____ ft.           | _____    | State Approved _____              | HUD _____ |
| Area — Largest Floor _____ sq. ft.      | _____    | Est. Cost of Bldg. Work: _____    | _____     |
| New Bldg. Area/All Floors _____ sq. ft. | _____    | 1. New Bldg. _____                | _____     |
| Volume of New Structure _____ cu. ft.   | _____    | 2. Rehabilitation _____           | _____     |
| Max. Live Load _____                    | _____    | 3. Total (1+2) _____              | _____     |
| Max. Occupancy Load _____               | _____    |                                   | _____     |

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of owner or myself) and am authorized to make this application.

Sign here: \_\_\_\_\_

Print name here: RICHARD D. DORF

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK**

Remove Siding & Replaced

**TYPE OF WORK:**

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☒ Siding
- ☐ Fence \_\_\_\_\_ Height (exceeds 6') \_\_\_\_\_ Sq. Ft. \_\_\_\_\_
- ☐ 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 \$ _____                  |  |

1 White = Inspector Copy  
3 Pink = Office Copy

2 Canary = Office Copy  
4 Gold = Applicant Copy

Date Received 9/25/17

Control # \_\_\_\_\_

Date Issued 17-3190

Permit # \_\_\_\_\_



# CONSTRUCTION PERMIT

Date Issued 09/25/2017  
Control # C-17-004267  
Permit # 17-3190

IDENTIFICATION Block: 382.35 Lot: 2 Qualifier \_\_\_\_\_  
Work Site Location: 3 BOW DRIVE Brick Township, NJ Contractor DOPE, RICHARD W & CARLEEN A  
Address 3 BOW DR. BRICK NJ 08723  
Owner in Fee DOPE, RICHARD W & CARLEEN A  
3 BOW DR. BRICK NJ 08723 Telephone: \_\_\_\_\_  
Lic. No. or Bldgs. Reg. No. \_\_\_\_\_  
Federal Employee. No. \_\_\_\_\_

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:

SIDING

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 \$14,000

Daniel F. Newman  
Construction Official

9/25/17  
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

|                  |                  |
|------------------|------------------|
| Building         | \$250            |
| Electrical       | \$0              |
| Plumbing         | \$0              |
| Fire Protection  | \$0              |
| Elevator Devices | \$0              |
| Other            | \$0.00           |
| DCA Training Fee | \$27             |
| CO Fee           |                  |
| Other            | \$0              |
| Total            | \$277            |
| Check No.        | <u>3565</u>      |
| Cash             | \$0              |
| Credit           | \$0              |
| Collected By     | <u>M. Raisen</u> |

## 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.

PAID  
\$277.00  
CHECK  
\$277.00



# Lions Head

## ASSOCIATION NORTH

200 Courtshire Drive, Brick, NJ 08723

ADMINISTRATOR (732) 920-9409

FAX (732) 920-9451

### CONTROL COMMITTEE

09/07/2017

Rich and Carleen Dopf  
3 Bow Drive

Dear Resident,

Your request to;

Remove existing siding and replace with vinyl siding in Beige and wrap windows in pvc white vinyl. Reframe existing sunroom in 2x4 wood framing and side in beige, vinyl siding.

Has been approved.

All permits are the responsibility of the homeowner and contractor with a copy being furnished to the Control Committee. You and your contractor are responsible for the site cleanup on a daily basis and removal of all construction debris upon the completion of the job.

Any damage or movement to the existing sprinkler lines or heads is the responsibility of you and your contractor and repairs are to be done by our irrigation company.

Contractor signs are allowed while work is being done.

The Control Committee,

Ron Kutsy

Al Botticelli

**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(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 *Richard R. [Signature]* Date X 9/25/2017

**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.**

# TOWNSHIP OF BRICK

## DEBRIS FORM

WORK SITE ADDRESS: 3 BOW DRIVE, BRICK, NJ 08723

BLOCK: 382.35 LOT: 2

CONTRACTOR: HOME OWNER

CONTRACTOR'S ADDRESS: \_\_\_\_\_

Type of Construction(minor, new home): SIDING

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

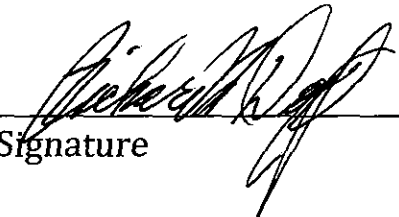
Party responsible for removal: HOME OWNER

Dumpster Size: \_\_\_\_\_

Destination of Debris: BRICK RECYCLING

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

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 I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

  
Signature

9/25/2017  
Date

RICHARD W. DOAF  
Print Name

# Brick Recycling Company, Inc.

2480 Old Hooper Avenue

Brick, NJ 08723

732-477-0880

Recv Date: 09/20/2017

Time In: 10:48

Control #: 376652

Time Out: 11:04

Pay Method: Cash

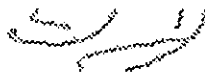
PEDDLER

DONALD J DELAPENA

| Commodity<br>Gross | Description<br>Tare | Net | Price / UM | Amount |
|--------------------|---------------------|-----|------------|--------|
| AL SIDING          | Aluminum Siding     |     |            |        |
| 5,760              | 5,580               | 180 | 0.42 / LB  | 75.60  |
| <b>Totals</b>      |                     | 180 |            | 75.60  |

I certify that I am the lawful owner of the merchandise listed above, and this merchandise is free of encumbrances and freon.

**"Cash envelopes not picked up after 60 days will be forfeited"**



Accepted: \_\_\_\_\_

ID: \_\_\_\_\_