1B BLOCK 74 LOT 1.01 QUALIFICATION CODE 11257 ADDRESS (SITE) 51 Central Ave PERMIT NO. 21-141

Owner

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: 51 Central Ave
2. Name of Owner in Fee: Jenifer Tuttle
   Tel. 917 250 6488 e-mail
   Address Same as (street / municipality / zip code)
3. Ownership in Fee: Public Private
4. Principal Contractor: Tel.
   Address e-mail
   License No. OR, if new home, Builder Reg. No. Exp. Date
   Home Improvement Contractor Registration No. or Exemption Reason
   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:

Schiff Holdings, LLC.
dba Oil Tank Services
505 E. 1st Ave.
Roselle, NJ 07203
Tel: 908-241-5011 | Fax: 908-241-5155
HIC# US01134 | ID# 272866967
oiltank05@yahoo.com

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
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	$		

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									
☐ Electrical									
☐ Plumbing									
☑ Fire Protection					6/8/21				
☐ Elevator									
TOTAL COST	1,900								

VII. DESCRIPTION OF BUILDING USE

Ref 27F ASF

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

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 _____ 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. 5:23-2.15(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 _____

Schiff Holdings, LLC.
dba Oil Tank Services
505 E. 1st Ave.
Roselle, NJ 07203
Tel: 908-241-5011 | Fax: 908-241-5155
LIC# US01134 | ID# 272866967
oiltank05@yahoo.com

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

Demarest Borough
118 Serpentine Road
Demarest Borough, NJ 07627
201-7680167

CERTIFICATE
IDENTIFICATION

Date Issued: 07/27/2021
Control #: 11257
Permit #: 20210141

Block: 74 Lot :1.01

Work Site Location: 51 CENTRAL AVE
DEMAREST

Owner in Fee: Turoff, Brian & Jennifer

Address: 51 CENTRAL AVE
DEMAREST NJ 07627

Telephone: 917 250-6988

Agent/Contractor: SCHIFF HOLDINGS LLC

Address: 505 EAST 1ST AVENUE
ROSELLE NJ 07203

Telephone: 908 241-5011

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: 27-2866967

Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
Remove 275 AST

Update Desc. of Wk/Use:

[ ] **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 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

Kevin Burnette Construction Official

Fees: $0.00
Paid[X]Check No.: 17695
Collected by: dh

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

SCHIFF HOLDINGS LLC d/b/a OIL TANK SERVICES

505 East 1st Ave
Roselle, NJ 07203
Office: (908) 241-5011
Fax: (908) 241-5155

FAX COVER SHEET

Date: 7-23-21

To: INSP Fax No. 201-768-2581

From: TERESA Fax No. _____

Re: 57 CENTRAL AVE

Total Number of Pages (Including This Cover Sheet): _____

IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL
(908) 241-5011 IMMEDIATELY

Comments or Special Instructions:

Kindly Request to close permit # 21-141, previously landfilled no liquid disposal only tank scrap receipt

Thank You

RECEIVED
JUL 27 2021

Fortune Metal Recycling

732-381-3355
900 Leesville Ave
Rahway NJ 07065

07065

Tick# 948923	By TScale	7:27:34 AM		7/15/2021
Gross	Tare	Net Lbs	Price	Amount
330 - #1 UNPREPARED per ton			($C=$310.00)	
37,160.00	36,040.00	1,120.00	310.00	155.00
Manual WT				
Amt (Before Tax)				155.00
Sales Tax (0.00%)				0.00
Amt (After Tax)				$155.00
		Ticket Total		155.00

* ONE HUNDRED FIFTY-FIVE AND XX / 100

Date	Mode	Txn #	Amount
7/15/2021	Cash		155.00

Print Name: OIL TANK

CUSTOMER COPY

Address:

City/ST/Zip:

State of issuance:

I hereby state that I'm the lawful owner of the material described heron, that I have a right to sell same, that all REDEMPTION material is in fact valid REDEMPTION material and that for payment received in full, heraby acknowledged,

Fortune Metal Recycling

X

Customer acknowledges freon removal under Clean Air Act 40CFR 82, Subpart F

For Information Call: 201-768-3398

Permit No. 2021 0441

APPROVAL FOR FIRE PROTECTION

	Date	Inspector
[ ] Sprinklers		
[ ] Standpipes		
[ ] Special Supp.		
[ ] Alarm		
[ ] Mechanical		
[X] Other 275 Tank Removal	6/25/21	
[X] Final		

U.C.C. Form F-224A

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 6/10/21
Control #

Date Issued
Permit # 21-141

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

Block 74 Lot 1.01 Qualification Code

Work Site Location 54 Central Ave

Owner in Fee: Jennifer Turoff

Tel. (917) 250 6985 e-mail

Address Same as
street municipality zip code

Contractor: Schiff Holdings, LLC. Tel. ( )
dba Oil Tank Services e-mail
505 E. 1st Ave.
Roselle, NJ 07203

Address Tel: 908-241-5011 | Fax: 908-241-5155
LIC# US01134 | ID# 272866967
oiltank05@yahoo.com

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Tel. ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 1,900

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

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.

Applicant/Contractor sign here:

Print name here: R Schiff

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Water Supply Source Remove 275 Aal
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
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		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 6/8/21 Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 6/8/21
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6/25/21
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				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other 275 Tank Removal			6/25/21	

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Demarest Borough
118 Serpentine Road
Demarest Borough, NJ 07627
201 - 7680167

Permit Number: 21-141
Control Number: 11257
Application Date: 06/08/2021
Permit Date: 6/10/21

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 74 Lot: 1.01 Qualification Code:
Work Site Location: 51 CENTRAL AVE DEMAREST

Owner In Fee: Turoff, Brian & Jennifer
Address: 51 CENTRAL AVE
DEMAREST NJ 07627

Telephone: (917) 250-6988

Use Group(s): R-5

Contractor: SCHIFF HOLDINGS LLC
Address: 505 EAST 1ST AVENUE
ROSELLE NJ 07203

Telephone: (908) 241-5011

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: 27-2866967

is hereby granted permission to perform the following work :

[ ]BUILDING [ ]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [X]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:
Remove 275 AST

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	1,900.00
Total Cost:	$1,900.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	$55.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$55.00**
All Fees Waived:	No

Amount to be Paid: **$55.00**

pd ck# 17695
6/10/21
DH

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.

Kevin Burnette — 6/9/21
Construction Official — Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Note:

Demarest Borough

FIRE SUBCODE TECHNICAL SECTION

Date Received 06/08/2021 Date Issued 6/10/21
Control # 11257 Permit # 0 21-141

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

Block: 74 Lot: 1.01 Qualification Code:

Work Site Location : 51 CENTRAL AVE

Owner Details

Owner in Fee: Turoff, Brian & Jennifer
Address: 51 CENTRAL AVE
DEMAREST NJ 07627
Telephone: (917) 250-6988
E-mail:

Contractor Details

Contractor: SCHIFF HOLDINGS LLC
ATTN:
Address: 505 EAST 1ST AVENUE
ROSELLE NJ 07203-
Telephone: (908) 241-5011 Fax: (908) 241-5155
E-mail:

Home Improvement Registration No. or Exemption Reason:
Fire/Security Alarm Contractor No.: US01134 Federal Emp. No.: 27-2866967
Fire Protection Equipment, NJ Div of Fire Safety Installer No.: License No.:
Fire Protection Equipment, NJ Div of Fire Safety Permit No.: Exp. Date:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed
Constr. Class: Present Proposed
Heating Systems: [ ]New *or* [ ]Mod. to Existing
or [ ]Conversion *or* [ ]Replacement *or* [ ] HVAC
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:

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

Fuel Storage Tanks:

Type: [ ] Flammable *or* [ ] Combustible [ ] LPG [ ] LNG Capacity 275 Fuel
1. New: $0.00 2. Rehabilitation: $0.00 3. Demolition: $1,900.00
Total Cost of Fire Protection (1+2+3) Work: $1,900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: 6/8/21 Approved by:
Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Plumbing [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: 6/8/21
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flame/Combust Tanks				
Fireplace Venting				
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.

Sign here: _____ Print name here: _____

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Remove 275 AST

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	1	$55.00
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices(i.e., smoke,heat,pulls,water/flow)		
Supervisory Devices(i.e.,tampers,low/high air)		
Signaling Devices(i.e.,horns/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		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other:		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ]Gas [ ]Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other:		

Administrative Surcharge	
Mininimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$55.00

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Certifies That

SCHIFF HOLDINGS LLC DBA OIL TANK SERVICES
505 E 1ST AVE
Roselle, NJ 07203

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
SUBSURFACE EVALUATION

12/31/2022
EXPIRATION DATE

US01134
CERTIFICATION NUMBER

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY