



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 85 Maple Avenue
2. Name of Owner in Fee: Eric Vanauken
Tel. (aol) 716-46665 e-mail [redacted]
Address 85 Maple Ave Rockaway NY 11866
3. Ownership in Fee: Public Private municipality zip code
4. Principal Contractor: MH Tank Co Tel. (845) 544-2330
Address PO Box 438 e-mail [redacted]
Vanauken NY 10990
License No. OR, if new home, Builder Reg. No. 14541521 Exp. Date 2/2003
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): NOTED
Federal Emp. ID No. 204463943 FAX: (845) 544-1789
5. Architect or Engineer [redacted] Contact [redacted]
Address [redacted] e-mail [redacted]
Tel. () [redacted] FAX: () [redacted]
6. Responsible Person in Charge once Work has Begun Michael Heensch
Tel. (845) 544-2330 FAX: (845) 544-1789

IIa. PROPOSED WORK

Remove 61275 gallon #2 HST from basement

☐ 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)

Est. Cost	Plans Recd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
	☐ Building			4/9/19	DL		
	☐ Electrical						
	☐ Plumbing						
	☐ Fire Protection						
	☐ Elevator						

TOTAL COST 785.00

III. PLAN REVIEW (optional)

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

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

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

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ 15	
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	\$ 15	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 1 (office use only)
2. Height of Structure 10 ft.
3. Area - Largest Floor 10990 sq. ft.
4. New Building Area 10990 sq. ft.
5. Volume of New Structure 10990 cu. ft.
6. Max. Live Load 10 sq. ft.
7. Max. Occupancy Load 10 sq. ft.
8. If Industrialized Building: State Approved HUD sq. ft.
9. Total Land Area Disturbed 10 sq. ft.
10. Flood Hazard Zone 10 ft.
11. Base Flood Elevation 10 ft.
12. Wetlands yes no

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: [redacted]
2. Use Group, Proposed: [redacted]
3. Change in Use Group, Indicate Present:
Gained, Sale [redacted]
Gained, Rental [redacted]
Lost, Sale [redacted]
Lost, Rental [redacted]

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: [redacted]
2. Use Group, Proposed: [redacted]
3. Change in Use Group, Indicate Present:
C. MIXED USE -List secondary use(s): [redacted]
D. Construct. Classification: Present [redacted] Proposed [redacted]

Borough of Rockaway
One East Main Street
Rockaway NJ 07866
(973)627-8035

IDENTIFICATION

Block 45

Lot 8

Qualifier

Work Site Location

85 MAPLE AVE

ROCKAWAY BORO, NJ 07866

Owner in Fee

Eric Vanauken

Address

85 MAPLE AVE

ROCKAWAY, NJ 07866

Telephone

(201) 776-6665

Contractor

MH TANKCO

Address

P. O. BOX 576

HEWITT, NJ 07421

Telephone

(845) 544-2330 FAX

Lic No/Bldrs Reg No.

US421521

Fed. Emp. No. 204463943

Home Imprv. Reg No. / Exempt
Reason -

☐ 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 the 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



CERTIFICATE

1434 - ROCKAWAY BORO

Date Issued: 08/21/2019
Permit # 19-00099
Certificate: 1900099.1

Home Warranty No.

Type of Warranty Plan [] State [] Private

Use Group ICC/U

Maximum Live Load

Construction Class

Max. Occupancy Load

Description of Work/Use

Remove (1) 275 gallon #2 AST from basement

☐ 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 (0 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 _____.

CONSTRUCTION OFFICIAL

PermitsNJ

Fee \$0.00

Paid [] \$0.00 []

Check No.

Collected by:

PNJF260 rev. (5/2013)

Printed On: 08/21/2019 13:10



Mike Hoensch Tank Company Inc.

New York: PO Box 428 Warwick, NY 10990 • **New Jersey:** PO Box 576 Hewitt, NJ 07421

NJ Tel: 973.390.5356 • NY Tel: 845.544.2330 • Fax: 845.544.1789

web: www.MHTankco.com • E-mail: MHTankco@yahoo.com

August 21, 2019

**Borough of Rockaway
Building Department
1 East Main Street
Rockaway, NJ 07866**

This letter is generated to your attention that MH Tank Co. obtained permit #19-00099 to remove (1) 275 gallon aboveground storage tank on 5/2/19 at 85 Maple Avene. MH Tank Co. cut, cleaned and removed (1) 275 gallon #2 fuel oil AST located in the basement. At the time of the removal there was no evidence of any holes in the tank.

Sincerely,

**Michael J. Hoensch
President, Mike Hoensch Tank Company Inc.**

Scrap Metal Services

P.O. Box 106
Sterling Forest, NY 10979
(814) 577-0792

DATE 5/2/2019

CALLED

MH TANK COVANUKEN - 85 MAPLE AVEROCKAWAY, NJ

DESCRIPTION	AMOUNT
DISPOSE OF (1) 275g AST	
CUT & CLEANED	
TOTAL	

Thank You**Make Checks Payable to Lefoy Smith**

(973) 686-3122

PA/AH/DEB#/OT-HW-688
DEP # - 960015/JA-689
EPA # - NJD 988588680



All State O.R.C. Inc.
476 Hamburg Tpke.
West Milford, N.J. 07480

CUSTOMER'S ORDER NO.		PHONE	DATE	
			5/2/2019	
NAME <i>M4 Tank Co</i>				
ADDRESS <i>P.O. Box 428 Warwick, NY</i>				
<i>Vanhook - 95 Maple Ave</i>				
<i>Rockaway, NJ</i>				
IN	OUT	DESCRIPTION	CHECK #	AMOUNT DUE
		GENERATOR #		
		MANIFEST #		
		DRIVER NAME		
		#108		
		#104 VAC TR.		
		#106 RACK TRUCK		
		#107		
		#108		
		#110 VACTOR		
		#111 CARRIER		
		#112 CARRIER		
		WASTE DESCRIPTION		
		GALLONS # <i>15 gallons oil/water/sludge</i>		
		<i>destined to be recycled W.O. 18</i>		
RECEIVED BY <i>[Signature]</i>		TAX		
		TOTAL		

MADE IN U.S.A.

401100

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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 85 Lot 8 Qualification Code _____
Work Site Location 85 Maple Ave

Owner in Fee: Eric Vanaken

Tel. (908) 776-6665 e-mail _____
Address 85 Maple Ave. Kiekaraugy NJ 07866

Contractor: MH Tank Co municipality Warwick Tel. (908) 544-2330 zip code 07866
Address PO Box 428 e-mail _____

Contractor License No. or Builder Registration No. US421521 Exp. Date 2/30/22

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): NJ DEP
Federal Emp. ID No. 204463943 FAX: (908) 544-1789

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Initial
☒ No Plans Required				Footings			
☐ All				Footings Bonding			
☐ Footings/Foundations				Foundation			
☐ Structural/Framework				Slab			
☐ Exterior				Frame			
☐ Interior				Truss Sys./Bracing			
Joint Plan Review Required:				Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator				Insulation			
SUBCODE APPROVAL FOR PERMIT				Finishes -Base Layer			
Date: <u>2/21/22</u>				Finishes -Final			
Approved by: <u>[Signature]</u>				Energy			
SUBCODE APPROVAL FOR CERTIFICATE				Mechanical			
☐ CO ☐ CCQ ☐ CA				TCO			
Date: <u>2/21/22</u>				Other			
Approved by: <u>[Signature]</u>				Final			
				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: 785.00

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+ 2) \$ _____

U.C.C. F110 (rev. 12/07)

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

Remove (1) 275 gallon #2 AST from basement

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
- 2 Canary = Office Copy
- 3 Pink = Office Copy
- 4 Gold = Applicant Copy

Date Received 4-10-19
Control # 19-000099
Date Issued
Permit #



CONSTRUCTION PERMIT

Date Issued: 04/10/2019

Permit # 19-00099

IDENTIFICATION Block 45 Lot 8 Qualifier _____

Work Site 85 MAPLE AVE Contractor MH TANKCO
ROCKAWAY BORO, NJ 07866 Address P. O. BOX 576
Owner in Fee Eric Vanauken HEWITT, NJ 07421
Address 85 MAPLE AVE Telephone (845) 544-2330
ROCKAWAY, NJ 07866 Lic./Reg. No. US421521
Telephone (201) 776-6665

V. FEE SUMMARY (Office Only)

1. Building	\$75.00
2. Electrical	\$0.00
3. Plumbing	\$0.00
4. Fire Protection	\$0.00
5. Mechanical	\$0.00
6. Elevator	\$0.00
7. Plan Review	\$0.00
8. Subtotal	\$75.00
9. DCA State Fee	\$0.00
10. Subtotal	\$75.00
11. Certificate	\$0.00
12. Subtotal	\$75.00
13. Exemption	\$0.00
TOTAL	\$75.00

Is hereby granted permission to perform the following work:

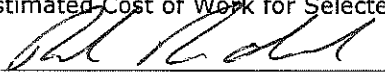
[X] BUILDING [] PLUMBING [] LEAD HAZARD ABATEMENT
[] ELECTRICAL [] FIRE PROTECTION [X] DEMOLITION
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] MECHANICAL

DESCRIPTION OF WORK:

Remove one 275 Gallon #2 AST from basement

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 for Selected Subcode(s) \$785


Construction Official

4/11/19
Date

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulation 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 work installed conforms to 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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. Utility services, including septic.

4. 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.

- ☐ 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 any other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provisions 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.



STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION



Certifies That

MIKE HOENSCH TANK COMPANY
24 CAMDEN PL
West Milford, NJ 07480

*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:

CATHODIC PROTECTION TESTER
CLOSURE
INSTALLATION-ENTIRE UST SYSTEM
SUBSURFACE EVALUATION

02/28/2022
EXPIRATION DATE

US421521
CERTIFICATION NUMBER

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY