BLOCK 510 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) 948 ROUND AVE PERMIT NO. 14-2547

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-14-000154

I. IDENTIFICATION

1. Proposed Work Site at: 948 ROUND AVE
2. Name of Owner in Fee: JOAN LEUTHNER.
   Tel [redacted] e-mail _____
   Address 948 ROUND AVE (street) BRICKTOWN (municipality) NJ 08729 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: ENVIRO TECH SERV Tel. (732) 687-2650
   Address 7 ALBANY AVE JACKSON e-mail _____
   N.J 08527
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01780400
   Federal Emp. ID No. 22-3403795 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____ ✓
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun STEVEN PIRIGYI
   Tel. (732) 687-2650 FAX: (732) 367-0745

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	20-✓		
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	$ 70-		

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					1/17/14 PW				
☐ Elevator									
TOTAL COST 300.00									

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 09/11/2014
Control Number C-14-000154
Permit Number 14-2597
Permit Issue Date 08/07/2014
Certificate Number 14-2597

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 948 ROUND AVE. Brick Township, NJ Block: 510 Lot: 11 Qual:

Owner in Fee: LEUTHNER, JOAN B.

Owner Address: 948 ROUND AVE. BRICK NJ 08723

Telephone: [redacted]

Contractor ENVIRO TECH SERVICES

Address 7 ALBANY AVE PO BOX 1346 JACKSON NJ 08527-

Telephone: 732/8881300 Fax:

License Number or Builders Registration Number: 13VH01780400 Federal Emp. Number: 22-3403795

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: TANK REMOVAL

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: 09/11/2014

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

Lyn
Wendell
1/17/14
LN

CONSTRUCTION PERMIT

Date Issued 8/7/14
Control # C-14-000154
Permit # 14-2597

IDENTIFICATION Block: 510 Lot: 11 Qualifier

Work Site Location: 948 ROUND AVE. Brick Township, NJ

Contractor ENVIRO TECH SERVICES
Address 7 ALBANY AVE PO BOX 1346 JACKSON NJ 08527-

Owner in Fee LEUTHNER, JOAN B.
948 ROUND AVE. BRICK NJ 08723

Telephone: 732/8881300
Lic. No. or Bldrs. Reg. No. 13VH01780400
Federal Employee. No. 22-3403795

Telephone: [redacted]

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

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.	3080
Cash	$0
Credit	$0
Collected By	

Note: If constuction 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 $500

Daniel F. Newman Jr
Construction Official

Date 1/17/14

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

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.

08/07/14 4:25PM 001558#4679
S07 SERV.007
#2597
$70.00
CHECK $70.00

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:
sludge receipt and tank disposal receipts necessary for a certificate of approval

☑ 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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/7/14
Control #
Date Issued
Permit # 14-2597

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

Block 510 Lot 11 Qualification Code ______

Work Site Location 948 ROONA AVE

Owner in Fee: JOAN LEUTHNER.

Tel. ([redacted] e-mail ______

Address 948 ROONA AVE BRICKTOWN, NJ 08729
street municipality zip code

Contractor: ENVIRO TECH SERV. Tel. (____)

Address 7 ALBANY AVE JACKSON e-mail ______
N.J 08527

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 (if applicable): 13VH01780400

Federal Emp. ID No. 22-3403798 FAX: (____) ______

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 $ 500.00

Fuel Storage Tank:
Fuel Type: [✓] Flammable OR [ ] Combustible
Capacity 275 AST

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: ✓ Approved by: ______
[✓] Fire Protection Plans Approved
Date: 1/7/14 Approved by: [signature]
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 1-17-14
Approved by: KCS
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 8-30-14
Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	8/20/14			[initials]
Other	[initials]		[illegible]	

Dates (Month/Day)

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

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: [signature]

Print name here: STEVEN PIRSCH

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: Cut clean remove 275 AST
Water Supply Source BASEMENT
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 Tank Removal		

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

Need Tank/sludge disposal receipts

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Certifies That

ENVIRO TECH SERVICES INC
7 ALBANY AVENUE
Jackson, NJ 08527

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
INSTALLATION-ENTIRE UST SYSTEM
SUBSURFACE EVALUATION
TANK TESTING

01/31/2017
EXPIRATION DATE

US00865
CERTIFICATION NUMBER

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Enviro-Tech Services, Inc.
John Buehler
7 Albany Avenue
Jackson NJ 08527

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

11/21/2013 TO 12/31/2014
VALID

13VH01780400
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Enviro-Tech Services, Inc.
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

11/21/2013 TO 12/31/2014
VALID

13VH01780400
License/Registration/Certificate #

SIGNATURE

DIRECTOR

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

Enviro-Tech Services, Inc.

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 01780400** EXPIRATION DATE **2014**. PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

TANK ABATEMENT OR ASBESTOS NOTIFICATION

DATE: _____

PROJECT: LEUTHNER

STREET: 948 ROOSA AVE BRICKTOWN

CONTRACTOR: ENVIRO TECH SERV. LICENSE NO. DEP# 45008865

ADDRESS: 7 ALBANY AVE JACKSON N.J 08527

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

MAILING ADDRESS: _____

OSHA AIR MONITOR: _____

ADDRESS: _____

BUILDING OWNER: JOAN LUCTHNER

MAILING ADDRESS: ~~7 ALBANY AVE~~ 948 ROOSA AVE

BRICKTOWN NJ PHONE: 908-600-5436

ENGINEER/ARCHITECT: _____

MAILING ADDRESS: _____

_____ PHONE: _____

WASTE HAULER: LORCO Petroleum LICENSE NO.: _____

LAND FILL: Tank - Blewett Recycling Herbertsville Rd.

TOWN: Howell

JOB SIZE: (circle one) MINOR ____ SMALL____ LARGE____

QUANITY OF WASTE GENERATED: CU YARDS _____

LINEAR FOOTAGE: _____

SQUARE FOOTGAE: _____

PROPOSED START DATE: _____ PROPOSED FINISH DATE: _____

COST OF WORK: $ 500.00

CONSTRUCTION PERMIT # _____ DATE: _____

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 ENVIRO TECH SERVICES

Address 7 ALBANY AVE JACKSON NJ 08527

Telephone (732) 687-2650

Signature Steve Ryff

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