

BLOCK 510 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) 948 ROONA AVE PERMIT NO. 14-2598



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 948 ROONA AVE

2. Name of Owner in Fee: JOAN LUEHNEN

Tel. () e-mail

Address 948 ROONA AVE BRICKTOWN NJ 08729

3. Ownership in Fee: Public Private

4. Principal Contractor: ENVIRO TECH SERV Tel. (732) 682-2650

Address 7 ALBANY AVE e-mail

JACKSON N.J 08527

License No. OR, if new home, Builder Reg. No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 1341401780400

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 PIRIBAY

Tel. (732) 682-2650 FAX: (732) 367-0745

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$	
2. Electrical		
3. Plumbing	<u>50</u> - ☒	
4. Fire Protection	<u>55</u> - ☒	
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee	<u>2</u>	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$ <u>107-</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 <u> </u> HUD <u> </u>	
9. Total Land Area Disturbed	sq. ft.
10. Flood Hazard Zone	
11. Base Flood Elevation	ft.
12. Wetlands yes <u> </u> no <u> </u>	

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	Re-viewer
		<u>3/14/14</u>					
				<u>3-20-17</u>			
				<u>3/20/14</u>			
		<u>3/15/14</u>		<u>3/15/14</u>			

TOTAL COST 1000.00

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/11/2014
Control Number C-14-000529
Permit Number 14-2598
Permit Issue Date 08/07/2014
Certificate Number 14-2598

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: U Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TANK INSTALLATION

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)

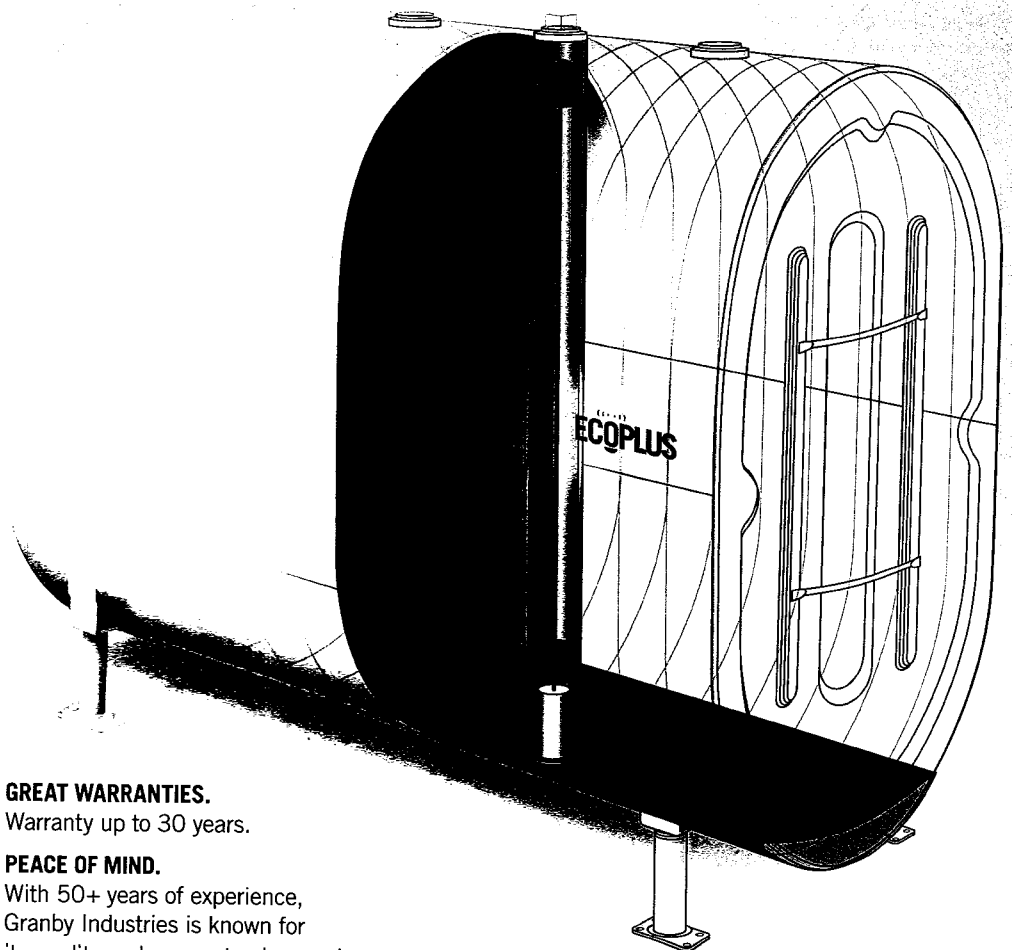
Page 1



RESIDENTIAL OIL TANKS

THE INDUSTRY BENCHMARK.

THE MOST
TANKS YOU CAN BUY



A LOGICAL AND RESPONSIBLE CHOICE

SAFE.

ECOGARD double-bottom system with leak detection system.

ENVIRONMENT FRIENDLY.

Respond to environmental concerns and requirements.

GUARANTEED DURABILITY.

Polyurethane coating for external protection available on 20PLUS and ECOPLUS models.

GREAT WARRANTIES.

Warranty up to 30 years.

PEACE OF MIND.

With 50+ years of experience, Granby Industries is known for its quality and proven track record in innovation and design.

Top port configuration may vary depending on tank model.



FIRE PROTECTION 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 570 Lot 11 Qualification Code _____

Work Site Location 948 Rood Ave

Owner in Fee: Joan Louthner

Tel. _____ e-mail _____

Address 948 Rood Ave Berkhams NJ 08725

Contractor: ENVIRNO TECH SERV. Municipality _____ Tel. (_____) _____ zip code _____

Address 7 ALBANY AVE JACKSON e-mail _____

08527

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

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

Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13Y H01780400

Federal Emp. ID No. 22-3403745 FAX: (_____) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____

Constr. Class: Present _____ Proposed _____ Fuel Type: ☐ Flammable or ☐ Combustible Capacity 275 AS7

Heating System: ☐ New or ☐ Modification to Existing Fire Alarm System: ☐ New or ☐ Existing

OR ☐ Conversion or ☐ Replacement Location of Panel: _____

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar Fire Suppression/Standpipe System: _____

Other _____ Location of Main Control Valve: _____

Location: _____

Total Cost of Fire Protection Work \$ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial-Under-slab Utilities Approved

Date: _____ Approved by: _____

☒ Fire Protection Plans Approved

Date: 3/21/14 Approved by: [Signature]

Joint Plan Review Required: _____

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.

SUBCODE APPROVAL for PERMIT 32114

Date: _____ Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

☐ CO 63046 CA

Date: _____ Approved by: [Signature]

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 _____

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.

Applicant/Contractor

sign here: [Signature]

Print name here: STEVEN PIERCE

D. TECHNICAL SITE DATA

☐ Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK: INSURANCE DOUBLE WALL AS7

Water Supply Source OUTSIDE

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

☐ System _____

☐ 110v Interconnected _____

☐ CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tamper, 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 _____

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 FAUCET INSTALL _____

Date Received _____

Control # _____

Date Issued _____

Permit # _____

14-2578

8/17/14

Tested & Approved

Service

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee



PLUMBING 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 510 Lot 11 Qualification Code _____
Work Site Location 448 Round Ave

Owner in Fee: JOAN LEVTHNER

Tel. _____ e-mail _____

Address 948 EOOD AVE BRICKLAND NJ 08728

Contractor: ENVIRO TECH SERV Municipality _____ Tel. (____) _____ Zip code _____

Address 546500 N.J 08527 e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13Y H: 1762400

Federal Emp. ID No. 22-3403795 FAX: (____) _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type:	Failure	Failure	Approval	Initial	
☒ No Plans Required					
☐ Partial - Under-slab Utilities Approved					
Date: <u>3-20-14</u> Approved by: _____					
☐ Plumbing Plans Approved					
Date: _____ Approved by: _____					
Joint Plan Review Required:					
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.					
SUBCODE APPROVAL for PERMIT					
Date: <u>3-20-14</u>					
Approved by: _____					
SUBCODE APPROVAL for CERTIFICATE					
☐ CO ☐ CCO ☒ CA					
Date: <u>8-22-14</u>					
Approved by: _____					

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: _____

Print name here: STEVEN PINSKY

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK INSTALL 275 AGT BUTYRIDE RUV NEW VL OIL LINE TO FUTURE

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Date Received
Control #

Date Issued
Permit #

8/7/14
14-2598



CONSTRUCTION PERMIT

Date Issued 8/7/14
Control # C-14-000529
Permit # 14-2598

IDENTIFICATION Block: 510 Lot: 11 Qualifier _____
Work Site Location: 948 ROUND AVE. Brick Township, NJ Contractor: ENVIRO TECH SERVICES
Owner in Fee: LEUTHNER, JOAN B. Address: 7 ALBANY AVE PO BOX 1346 JACKSON NJ 08527-
948 ROUND AVE. BRICK NJ 08723 Telephone: 732/8881300
Telephone: _____ Lic. No. or Bldrs. Reg. No. 13VH01780400
Federal Employee No. 22-3403795

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 INSTALLATION

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 \$1,000

Daniel Newman Jr
Construction Official

3/21/14
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	\$0
Electrical	\$0
Plumbing	\$50
Fire Protection	\$55
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$107
Check No. <u>3080</u>	
Cash	\$0
Credit	\$0
Collected By	

+50
157

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.

PLUMBING \$50.00
FIRE \$55.00
DCA \$2.00
ZPA \$50.00
TOTAL \$157.00

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:

☒ 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.

RECEIVING CLERK 2/11/14
DATE REC'D 2/11/14

ZONING PERMIT APPLICATION

PERMIT # 20-14-00605
DATE ISSUED 2/11/14

BLOCK: 570 LOT: 11 QUALIFIER: --- SITE ADDRESS: 948 ROUND AVE

IDENTIFICATION:

1. NAME OF OWNER IN FEE: SOAD LEATHNER
COMPLETE ADDRESS: 948 ROUND AVE BRICESTOWN
VT 05724

PHONE # --- EMAIL: ---

2. NAME OF APPLICANT: ENVINO TECH SERVICES
APPLICANT ADDRESS: 7 ALBANY AVE TALESTOWN VT
05627

PHONE # 732-687-2650 EMAIL: ---

3. RESPONSIBLE PERSON FOR WORK: STEVEN PETERLEY
PHONE # 732-687-2650 FAX # 732-367-0746

4. SIGNATURE OF APPLICANT: [Signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ 50-
OTHER: \$ ---
TOTAL: \$ 50-

REQUIRED BY APPLICANT

RESIDENTIAL: ✓
COMMERCIAL: ---
EXISTING USE: SFL
PROPOSED USE: SFL

BOARD APPROVAL: --- PB --- ZB ---
RESOLUTION #: ---
APPROVAL DATE: ---

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: --- *ADDITION --- *ALTERATION --- *PORCH --- *DECK ---

POOL: ABOVE GROUND --- IN GROUND --- FENCE: HEIGHT --- TYPE --- MATERIAL ---
HEIGHT: 4'11" (*IF APPLICABLE)

OTHER INSTALL 275 ECCOBAVE PLUS D/W AST COTSIDE

DESCRIPTION:

ZONING REVIEW: 2/11/14 DATE REVIEWED: 2/11/14 DATE DENIED: --- DATE APPROVED: 2/21/14 INTLS: --- (SEE BACK PAGE)

Downloaded from <http://ajphaphapublications.sagepub.com/> at National Archive Publishing Co on May 12, 2015

Downloaded from <http://ajphaphapublications.sagepub.com/> at National Archive Publishing Co on May 12, 2015

Downloaded from <http://ajphaphapublications.sagepub.com/> at National Archive Publishing Co on May 12, 2015

Downloaded from <http://ajphaphapublications.sagepub.com/> at National Archive Publishing Co on May 12, 2015

Downloaded from <http://ajphaphapublications.sagepub.com/> at National Archive Publishing Co on May 12, 2015

Journal of Management Studies 36(1) 1-16, 2003. © Blackwell Publishers Ltd. 2003

Journal of Management Studies 36(1) 1-16, 2003. © Blackwell Publishers Ltd. 2003

Journal of Management Studies 36(1) 1-16, 2003. © Blackwell Publishers Ltd. 2003

Journal of Management Studies 36(1) 1-16, 2003. © Blackwell Publishers Ltd. 2003



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:

Application Number: ZA-14-00128

Application Date: 02/21/2014

Project Number: _____

Permit Number: _____

Fee: \$50

Zoning Permit

Worksite **948 ROUND AVE.**
Location: **Brick Township, NJ**

Block: 510

Lot: 11

Qualifier: _____

Zone: R-7.5

Owner: **LEUTHNER, JOAN B.**
Address: **948 ROUND AVE.**
BRICK, NJ 08723

Applicant: **ENYIRO TECH SER**
Address: **7 ALBANY AVE**
JACKSON, NJ 08527

Application Approved Date: 02/21/2014

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Single-Family Residential

Nonconforming Use is: _____

Work Description:

Above-ground Oil Storage Tank - Installing a 275 gal above ground oil storage tank. The tank must be setback a minimum of 15' from the rear property line and 6' from the side property line.

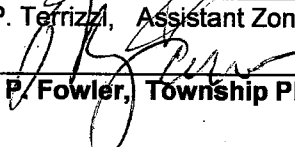
An additional zoning permit is required for any additional work.

Upon review it was determined that the Development Application:

- ☒ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
 - ☐ Zoning Board of Adjustment
 - ☐ Zoning Officer



Darren P. Terrizzi, Assistant Zoning Officer



Michael P. Fowler, Township Planner

02/21/2014

Date


Date

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: KSS
PERMIT #: _____

BLOCK: 510 LOT: 11 ADDRESS: 948 Round Ave

IDENTIFICATION:

1. WORK SITE ADDRESS: 948 Round Ave

2. NAME OF OWNER IN FEE: Jean Leather

ADDRESS: 948 Round Ave PHONE # [REDACTED]

FAX #: () _____

3. PRINCIPAL CONTRACTOR: Enviro Tech Services

ADDRESS: P.O. Box 1346 PHONE #: (734) 637 2650

Jackson NJ 08527 FAX #: () _____

4. ARCHITECT OR ENGINEER: _____

ADDRESS: _____ PHONE: # () _____

5. RESPONSIBLE PERSON FOR WORK: _____

ADDRESS: _____

PHONE #: () _____ FAX #: () _____ E-MAIL: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☒ OTHER Install 275 gal AGST

LENGTH: _____ WIDTH: _____ HEIGHT: _____

ENGINEERING REVIEW:

DATE RECEIVED: 3/15/12 DATE REJECTED: _____

DATE APPROVED: 3/15/12 INITIALS: KSS

FEE SUMMARY:

APPLICATION FEE: \$ _____

REVIEW FEE: \$ _____

INSPECTION FEE: \$ _____

OTHER: \$ _____

BOND(S): \$ _____

TOTAL: \$ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

John G. Ducey, Mayor

Township Council:

Susan Lydecker - President
Jim Fozman - Vice President
Heather deJong
Bob Moore
Paul Mummolo
Marianna Pontoriero



Department of Community Development & Land Use

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

Date: _____

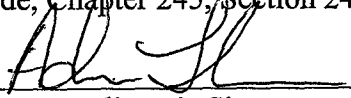
ENGINEERING PLOT PLAN EXEMPT FORM (ONLY IF NOT IN A FLOOD ZONE)

Block: 510 Lot: 11

Property Address: 948 Round Ave

I, Enviro-Tech Services of 948 Round Ave
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Township Code, Chapter 245, Section 245-29.


Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.
2. **Proof that the property is not located in a Flood Hazard Area.**

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: _____ Signed: _____

Rejected on: _____ Signed: _____

Comments:



NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

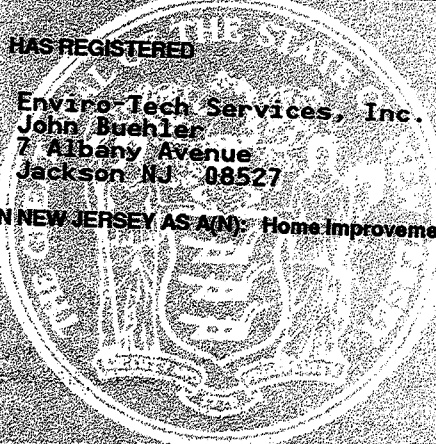
State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

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

[Signature]
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 ☐

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

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.



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

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

US00865
CERTIFICATION NUMBER

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☒ Zoning Officer	<i>[Signature]</i>	2/29/14							2A-14-60128
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)	
Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____
Electrical _____	Barrier Free _____
Plumbing _____	Flood Hazard _____
Fire Protection _____	As Built Elevation Cert. _____
Mechanical _____	Other _____

X. CERTIFICATES ISSUED (office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

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 N.J 08527

Telephone (732) 687-2650

Signature Steven Rizzo

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



STANDARD

20PLUS

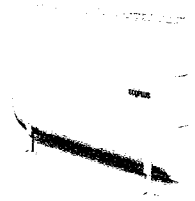
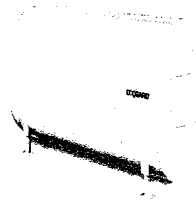
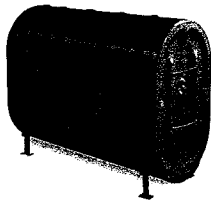
POLYURETHANE COATING
20-YEAR WARRANTY

ECOGARD

DOUBLE-BOTTOM LEAK DETECTION
AND CATCHMENT SYSTEM

ECOPLUS

THE ULTIMATE PROTECTION
30-YEAR WARRANTY



OPTION	STANDARD	20PLUS	ECOGARD	ECOGARD + polyurethane coating
DESCRIPTION	GOOD	BETTER Polyurethane coating for external protection	BEST Double-bottom system with leak detection system	TOP OF THE LINE Double bottom + polyurethane coating
SIZE AND DIMENSIONS	☐ 275 gallons H44" W27" L60" ☐ 330 gallons H44" W27" L72"	☐ 275 gallons H44" W27" L60" ☐ 330 gallons H44" W27" L72"	☐ 275 gallons H44" W27" L60" ☐ 330 gallons H44" W27" L72"	☐ 275 gallons H44" W27" L60" ☐ 330 gallons H44" W27" L72"
COLOR	☐ Gray ☐ Black	Sand	Sand	Sand
WARRANTY* MANUFACTURING DEFECTS	10 years	20 years	25 years	30 years
WARRANTY* INTERNAL CORROSION			10 years	10 years
WARRANTY* EXTERNAL CORROSION		20 years		30 years
PRICE				