Wall Township
2700 Allaire Road
Wall, NJ 07719
732 - 4498444

20240944
Control Number: 83044
Application Date: 07/12/2024

CONSTRUCTION PERMIT

7/18/24

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 64 Lot: 12 Qualification Code:
Work Site Location: 1147 17TH AVE WALL

Owner In Fee: BUGLER, AIDEEN
Address: 1147 17TH AVE
WALL TWP NJ 07719

Telephone: ()

Use Group(s): U

Contractor: CHARLES HOFFMANN & SON
Address: P O BOX 492
SPRING LAKE NJ 0762-

Telephone: (732

Lic. No. / Bldrs. Reg. No.: US302506

Federal Emp. No.: 80-0082953

is hereby granted permission to perform the following work :

[ ]BUILDING [ ]PLUMBING [X] DEMOLITION
[ ]ELECTRICAL [X]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
UST DEMO

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	1,500.00
Total Cost:	$1,500.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	$75.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$75.00**
All Fees Waived:	No

Amount to be Paid: **$75.00**

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.

Robert Torrance
Construction Official

7-18-24
Date

ON

20893

:: 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:

Wall Township
2700 Allaire Road
Wall, NJ 07719
732-4498444

CERTIFICATE

Date Issued: 08/07/2024
Control #: 83044
Permit #: 20240944

IDENTIFICATION

Block: 64 Lot : 12 Qualific:
Work Site Location: 1147 17TH AVE
WALL
Owner in Fee: BUGLER, AIDEEN
Address: 1147 17TH AVE
WALL TWP NJ 07719
Telephone:
Agent/Contractor: CHARLES HOFFMANN & SON
Address: P O BOX 492
SPRING LAKE NJ 0762-
Telephon
Lic. No./ Bldrs. Reg.No.: US302506 Federal Emp. No.: 80-0082953
Fax: 732-782-0432

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: U
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Total Cost Construction: $1,500-
Description of Work:
UST DEMO

Jpdate 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

Robert Torrance Construction Official

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 83044

Date Issued 7/18/24
Permit # 20240944

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

Block 64 Lot 12 Qualification Code

Work Site Location 1147 17th Ave

Owner in Fee: Aldeen Bugler

Tel. ( ) e-mail

Address 1147 17th Ave

Contractor: CHARLES J HOFFMANN JR & SON Tel.

Address PO BOX 492 SPRING LAKE NJ 07762 e-ma

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): 13VH02574000

Federal Emp. ID No. 800082953 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 $ $1500.00

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's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

550 GAL UNDERGROUND TANK REMOVAL

Water Supply Source

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 $		75 —
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 7/16/24
Approved by: TB

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 7/31/24
Approved by: TB

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			7/31/24	TB
Other				

U.C.C. F140 (rev. 12/07)
Internet version

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