

Cindy Gardenier

OK

From: Gina Kim <gkim@palisadesparknj.us>
Sent: Thursday, October 24, 2019 1:25 PM
To: Cindy Gardenier
Subject: Fwd: OPRA request - Environmental - Property Records

Hi Cindy,

Please see attached.

Sincerely,
Gina S. Kim, RMC
Borough Clerk
275 Broad Ave
Palisades Park, NJ 07650
Office: (201) 585-4153
Fax: (201) 585-4155
<http://www.palisadesparknj.us/>

Begin forwarded message:

From: Nicholas Haverilla <opra+request-7737-25c5c5fb@requests.opramachine.com>
Date: October 24, 2019 at 1:22:20 PM EDT
To: OPRA requests at Palisades Park Borough <gkim@palisadesparknj.us>
Subject: OPRA request - Environmental - Property Records

Dear Palisades Park Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested: Requesting all records/permits on file for the following subject properties regarding environmental and remediation.

Empire Cleaners

319 Broad Avenue, Palisades Park, NJ (Block 9.01; Lot 3.09)

NO such address or block lot

Vanity Same Day Cleaners

245 Broad Avenue Palisades Park, NJ (Block 215, Lot 15)

K D Cleaners

405 Broad Avenue Palisades Park, NJ (Block 218, Lot 7)

28 32 Palisades Boulevard

28 32 Palisades Boulevard Palisades Park, NJ (Block 304, Lot 3)

Palisades Park Municipal Building

275 Broad Avenue Palisades Park, NJ (Block 216, Lot 10)

OK

Yours faithfully,
Nicholas Haverilla
H2M Associates

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:

opra+request-7737-25c5c5fb@requests.opramachine.com

Is gkim@palisadesparknj.us the wrong address for OPRA requests to Palisades Park Borough? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=palisades_park_borough

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:

<https://opramachine.com/help/officers>

View this OPRA request & responses online:

https://opramachine.com/request/environmental_property_records

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

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(e)1 vii:

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. 5:32-2.15(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 Kelly Donahue Contracting, Inc.

Address 45 Booker Street.

Westwood, NJ 07675

Telephone [REDACTED]

Signature Kelly Donahue

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	
☐ Zoning Officer									
☐ 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. _____	_____	_____	_____



CERTIFICATE

Date Issued 11/13/2003
Control #
Permit # 03-395

IDENTIFICATION

Block 216 Lot 7
Work Site Location 1 West Palisades Boulevard
Palisades Park, New Jersey.
Owner in Fee/Occupant Hakemian & Co. Inc.
Address 505 Main Street
Hackensack, NJ 07602
Tele. ()
Contractor Kelly Donahue Contr. Inc.
Address 45 Booker Street
Westwood, NJ 07675
Tele. (201) 666-6582 Fax ()
Lic. No. or Bldgs. Reg. No. 22-2729515
Federal Emp. No. 22-2729515

Abandonment (filling) of (1) one 5,000
gallon - UST.

☐ 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.

☐ 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 the owner will be subject to fine or order to vacate: _____

Home Warranty No. _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group _____

Medium Live Load _____

Construction Classification _____

Medium Occupancy Load _____

Description of Work/Use: _____

☐ 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 _____

CONSTRUCTION OFFICIAL

[Signature]

Fee \$ _____
Paid ☐ Check No. _____
Collected by: _____

U.C.C. F260
(rev. 12/99)

1 WHITE — APPLICANT

2 CANARY — OFFICE

3 PINK — TAX ASSESSOR



CONSTRUCTION PERMIT

Date issued 9/5/03
Control #
Permit # 03-395

IDENTIFICATION Block 218 Lot 7
Work Site Location West Palisades Blvd
Palisades Park, NJ
Owner In Fee Hekemian & Co., Inc.
Address 505 Main Street
Hackensack, NJ 07602
Tel. (201) 444-6582
Contractor Belly Donahue Contracting, Inc.
Address 45 Booker St
Westwood, NJ 07675
Tel. (201) 444-6582
Lic. No. or Bids. Reg. No. 222-789515

I hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☒ OTHER Tank Removal
(Subchapter 8 only)

DESCRIPTION OF WORK:

Abandonment (filling) 8(1) one 5,000
gallon 45T

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 4,000.00

Construction Official [Signature] Date 8/13/03

U.C.G. F170 (rev. 5/20) 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT (see reverse side)

PAYMENTS (Office Use Only)	
Building	<u>100</u>
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	<u>100</u>
Total	<u>100</u>
Check No.	<u>10066</u>
Cash	
Collected by	<u>[Signature]</u>

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 work installed conforms to the approved plans and 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. All structural framing and connections prior to covering with finish or infill material; plumbing underground services; rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.
- ☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.



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 _____
Work Site Location 1 West Palisades Blvd Lot _____
Owner In Fee Hekemian & Co., Inc.
Address 503 Main Street
HACKENSACK, NJ 07602
Contractor Kelly Donahue Contracting, Inc.
Address 45 Booker St.
WESTWOOD, NJ 07675
Tele. (201) 666-6582 Fax (201) 666-7534
Lic. No. or Bldgs. Reg. No. _____
Federal Emp. No. 72-2789515

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Required			Type:				
☐ All			Footings				
☐ Footings			Foundation				
☐ Foundation			Slab				
☐ Frame			Frame				
☐ Other			Barrier-Free				
Joint Plan Review Required:							
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation				
SUBCODE APPROVAL							
☐ CO ☐ CCO ☐ CA			Finishes				
Energy							
Mechanical							
TCO							
Other							
Final							
Barrier-Free							

Date: 11/2/03
Approved by: [Signature]

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ _____
No. of Stories			2. Alteration \$ _____
Height of Structure			3. Total (1+2) \$ _____
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			



Date Received 9/5/03
Date Issued _____
Control # _____
Permit # 03-395

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of _____
_____ and am authorized to make this application.

Kelly Donahue
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Abandonment (filling) of
(1) one 5,000 gallon
UST

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☒ Demolition

FEE (Office Use Only)

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
DCA Training Fee	\$ _____
TOTAL FEE	\$ <u>100</u>

14 Abandonment

U.C.C. P110
(rev. 3/02)

1. White = Inspector Copy
2. Grey = Office Copy
3. Pink = Office Copy
4. Gold = Applicant Copy



EcolSciences, Inc.

Environmental Management & Regulatory Compliance

2003 JUL 25 A 9:26

July 22, 2003

Hekemian and Co. Inc.

Mr. Bryan S. Hekemian
Hekemian & Company, Inc.
505 Main Street
P.O. Box 667
Hackensack, New Jersey 07602-0667

Re: Palisades Towers Apartments
1 West Palisade Blvd.
Palisades Park, New Jersey
Former Heating Oil Tank

Dear Bryan:

EcolSciences, Inc., per Frank Rocco's request, has inspected the inactive heating oil tank at the subject property. The tank's fill port, vent line, and access manway are visible on the Broad Avenue sidewalk, in front of #407A Broad Avenue, the Seven Hair salon.

Mr. Rocco indicated that the tank has a 5,000 gallon capacity, which means a diameter ranging from 6 to 8 feet. The tank top is approximately 4 feet below the sidewalk with a maximum invert depth of 12 feet below grade. The tank sidewalls are within 4 feet of the building and 8 feet of the Broad Avenue curbline. Besides the hair salon entrance, a mature sidewalk tree and municipal street light are adjacent to the tank footprint.

In summary, the tank is located in close proximity to the building and surrounded by a tree, light, and Broad Avenue. Given these constraints, I recommend that the tank be abandoned in place. Please feel free to call me should you have questions about this decision.

Very truly yours,

EcolSciences, Inc.

King K. Moy, P.E. 26641
Senior Vice President

Cc: Robert Hajinlian
Frank Rocco

F:\jobs03\Hw03-239\ustinplace



November 5, 2003

Mr. Anthony Pollotta
Borough of Palisades Park
Building Department
257 Broad Avenue
Palisades Park, NJ 07650

**Re: 1 West Palisades Boulevard
Oil Tank Abandonment
Permit #03395**

Dear Mr. Pollotta:

Enclosed for your review you will find the soil sample results, hazardous waste manifest and concrete delivery manifest for the above captioned oil tank abandonment. Please note that all samples were found to be under N.J.D.E.P. criteria. After your review, please forward to my office a certificate of compliance.

As always, should further information be needed or if you have any questions, please feel free to contact me at 201-487-1500, ext. #117.

Sincerely,

Frank E. Rocco
Property Manager

Hekemian & Co., Inc.

505 Main Street • P.O. Box 667 • Hackensack • NJ • 07602-0667 • tel.: 201-487-1500 • fax: 201-487-7881

www.hekemian.com

Realtors

Insurers

03-395



EcolSciences, Inc.
Environmental Management & Regulatory Compliance

October 23, 2003

Mr. Bryan S. Hekemian
Hekemian & Company, Inc.
505 Main Street
P.O. Box 667
Hackensack, New Jersey 07602-0667

To: Newark Record
for
201-482-102

Re: Palisades Towers Apartments
1 West Palisade Blvd.
Palisades Park, New Jersey
Former Heating Oil Tank

Dear Bryan:

On October 8, 2003, EcolSciences witnessed the opening and the cleaning of a 5,000-gallon No. 2 fuel oil underground storage tank (UST) located at the above-referenced property. Fuel Tank Maintenance Services, Inc. (FTMS) performed tank cleanup under Mr. Kelly Donahue supervision. As previously recommended by EcolSciences, the tank clean up was performed with the purpose of abandoning the tank in place due to its location (close proximity to the building, underneath the sidewalk, surrounded by utilities and close proximity to Broad Avenue).

Following tank clean up, Fuel Tank Maintenance personnel inspected the tank and no corrosion holes were noted during its inspection. Per request by EcolSciences, Fuel Tank Maintenance cut the bottom of the tank in four (4) locations (two ends and two centers) and four soil samples were collected immediately below the tank. The soil samples were visually inspected and screened with a photoionization detector (PID) for potential contamination. No staining was observed although minor odors were detected. The PID detected no VO readings above background.

All four samples (SS-1, SS-2, SS-3 and SS-4) were delivered to STL Laboratories of Edison, New Jersey for analysis and were analyzed for total petroleum hydrocarbons (TPHC). TPHC results ranged from 420 mg/kg on SS-1 to 4,640 mg/kg on SS-4 (SS-1 @ 420 ppm, SS-2 @ 3910 ppm, SS-3 @ 1180 ppm and SS-4 @ 4640 ppm). Per NJD 17P's Technical Requirements soil sample SS-4 was further analyzed for volatile organic compounds (VO+10). No targeted VOs were detected although a trace level of TICs was detected below NJDEP's criteria. A table of analytical results is attached.

F:\John\03\14\03-239\Oct 23 2003 UST letter report.doc

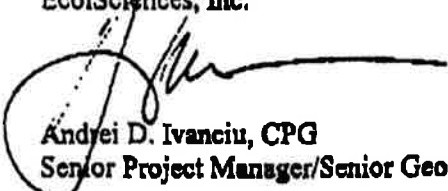
October 23, 2003
Mr. Bryan S. Hekemian
Page 2 of 2

Based on these results, it is recommended that the tank be filled with certified clean fill (i.e. sand, gravel or cement slurry) per local building inspector's requests and a copy of this report be submitted to the Palisades Park municipal official for the final sign off.

If you have any questions, please do not hesitate to call me or King Moy of my office.

Very truly yours,

EcolSciences, Inc.



Andree D. Ivanciu, CPG
Senior Project Manager/Senior Geologist

Attachment

Table 1
SUMMARY OF SOIL ANALYTICAL RESULTS
Palisade Park

Sample ID	Residential	Non-Residential	Impact to	SS-4	
Lab Sample Number	Direct Contact	Direct Contact	Ground Water	469316	
Sampling Date	Soil Cleanup	Soil Cleanup	Soil Cleanup	10/09/03	
Matrix	Criteria (mg/kg)	Criteria (mg/kg)	Criteria (mg/kg)	SOLID	
Dilution Factor				50.0	
Units				mg/kg	
VO+10					
Chloromethane	520	1000	10	0.67	U
Bromomethane	78	1000	1.0	0.67	U
Vinyl Chloride	2.0	7.0	10	0.67	U
Chloroethane	NA	NA	NA	0.67	U
Methylene Chloride	49	210	1.0	0.40	U
Trichlorofluoromethane	NA	NA	NA	0.67	U
1,1-Dichloroethane	8.0	150	10	0.27	U
1,1-Dichloroethane	570	1000	10	0.67	U
trans-1,2-Dichloroethane	1000	1000	50	0.67	U
cis-1,2-Dichloroethane	78	1000	1.0	0.67	U
Chloroform	19	28	1.0	0.67	U
1,2-Dichloroethane	8.0	24	1.0	0.27	U
1,1,1-Trichloroethane	210	1000	50	0.67	U
Carbon Tetrachloride	2.0	4.0	1.0	0.27	U
Bromodichloromethane	11	48	1.0	0.13	U
1,2-Dichloropropane	10	43	NA	0.13	U
cis-1,3-Dichloropropene	4.0	5.0	1.0	0.67	U
Trichloroethene	23	54	1.0	0.13	U
Dibromochloromethane	110	1000	1.0	0.67	U
1,1,2-Trichloroethane	22	420	1.0	0.40	U
Benzene	3.0	13	1.0	0.13	U
trans-1,3-Dichloropropene	4.0	5.0	1.0	0.67	U
2-Chloroethyl Vinyl Ether	NA	NA	NA	0.67	U
Bromoform	86	370	1.0	0.53	U
Tetrachloroethene	4.0	8.0	1.0	0.13	U
1,1,2,2-Tetrachloroethane	34	70	1.0	0.13	U
Toluene	1000	1000	500	0.67	U
Chlorobenzene	37	650	1.0	0.67	U
Ethylbenzene	1000	1000	100	0.53	U
Xylene (Total)	410	1000	67	0.67	U
Total Confident Conc. VOAs				0	
Total Estimated Conc. VOA TICs				4.4	
Sample ID		SS-1	SS-2	SS-3	SS-4
Lab Sample Number		469313	469314	469315	469316
Sampling Date	Soil Cleanup	10/08/03	10/09/03	10/09/03	10/09/03
Matrix	Criteria (mg/kg)	SOLID	SOLID	SOLID	SOLID
Units		mg/kg	mg/kg	mg/kg	mg/kg
TPHC	10,000	420	3,910	1,180	4,640
Qualifiers: U - The compound was not detected at the indicated concentration.					

NYG 2797992

HAZARDOUS WASTE MANIFEST
R.O. Box 12820, Albany, New York 12212

Hazardous Waste Manifest (1/99)

Please type or print. Do not staple

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. N J D 1 5 7 7 1 7 6 4 6	Manifest Doc. No. 7 3 0 7 9	2. Page 1 of 1	Information within heavy bold line is not required by Federal Law.	
3. Generator's Name and Mailing Address FUEL TANK MAINTENANCE SERVICE INC PO BOX 305 RIDGEFIELD PARK NJ 07660				A. NYG 2797992		
4. Generator's Telephone Number (201) 372-9333				B. Generator's ID SAME		
5. Transporter 1 (Company Name) FUEL TANK MAINTENANCE SERVICE				C. State Transporter's ID JAS76		
6. US EPA ID Number N J D 1 5 7 7 1 7 6 4 6				D. Transporter's Telephone [REDACTED]		
7. Transporter 2 (Company Name)				E. State Transporter's ID		
8. US EPA ID Number				F. Transporter's Telephone ()		
9. Designated Facility Name and Site Address NEW YORK OIL RECOVERY INC 94 HAUSMAN ST BROOKLYN NY 11222				G. State Facility ID		
10. US EPA ID Number N Y D 9 8 1 1 4 1 8 7 2				H. Facility Telephone (718) 599-5120		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)				12. Containers Number Type	13. Total Quantity	14. Unit Wt/Vol
a. COMBUSTIBLE LIQUID NOS NA 1270 PG II				0 0 1 T T	1910	
b.						
c.						
d.						
1. Additional Descriptions for Materials listed Above				K. Handling Codes for Wastes Listed Above		
a. LIQUID BOTTOMS				a. ☐ c. ☐		
b.				b. ☐ d. ☐		
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the most suitable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name P. GREGORY FAHEY				Signature <i>P. Gregory Fahey</i>		
17. Transporter 1 Acknowledgement of Receipt of Materials				Mo. Day Year		
Printed/Typed Name Billy Calise				Signature <i>Billy Calise</i>		
18. Transporter 2 Acknowledgement of Receipt of Materials				Mo. Day Year		
Printed/Typed Name				Signature		
19. Discrepancy Indication Space NON HAZARDOUS IN NY STATE						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name N.Y. Oil Recovery				Signature <i>[Signature]</i>		
				Mo. Day Year 11/05/03		

10/8/03

MANIFEST #NYG2797992

1.	KELLY DONAHUE	1910 GALLONS
	2 WEST PALISADE BLVD/	
	407 BROADWAY	
	PALISADES PARK NJ	

TOTAL 1910 GALLONS

F A C S I M I L E

TO:

Frank Puccio

FROM:

Shane

DATE:

11-5-03

FAX:

201-487-7881

PAGES:

3

including this cover sheet

COMMENTS:

THE INFORMATION CONTAINED IN THIS FACSIMILE IS PRIVILEGED AND CONFIDENTIAL INFORMATION
INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS
MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION,
DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED.

WWW.fuel tanksolution.com

(FTMS, INC.)

FUEL TANK MAINTENANCE SERVICE, INC.

310 16th STREET

CARLSTADT, N.J. 07072

Tel: (201) 372-9333

Fax: (201) 372-9334

FTMS, INC.

810 - 18TH ST.
CARLSTADT, NJ 07072
PH. 201-372-8333

Customer's Order No.		Phone No.		Date	
				10-8-03	
Sold To		JOB SITE			
Address		K.D.C.			
City		PALISADES PARK			
PALISADES BLVD / 407 BROAD AVE					
Sold By	Cash	C.O.D.	Charge	On Acct.	Mdse. Ret'd.
Qty.	Description			Price	Amount
	SUPPLIED EQUIPMENT + LABELS				
	TO PUMP SQUEEGEE - SCRAPES + WIPE				
	CLEAN (1) 5000 GALLON # OIL				
	HEATING TANK - STEEL GRATE				
	ON BOTTOM OF TANK MADE CLEANING				
	VERY DIFFICULT. CUT (5) HOLES				
	IN BOTTOM TO OBTAIN SAMPLES				
	TOTAL GALLONS				
	FOR DISPOSAL				
	(1,910)				
	MANIFEST # NY 6				
	8797992				
All claims and returned goods MUST be accompanied by this bill.					Tax
Rec'd. By					Total

240114

Thank You

Joel Tanis & Sons, Inc.

201-796-1556



OVER
50 YRS.
OF SERVICE

SAND - GRAVEL - MASON MATERIAL
READY MIXED CONCRETE

PLANT	TIME	DATE	ACCOUNT	TRUCK	DRIVER	TICKET
02	08:30	10/29/03	26600	135	CRAIG	31153

CUSTOMER NAME

KELLY DONAHUE CONTR.

DELIVERY ADDRESS

407 BROAD AVE
PALISADES PK

PURCHASE ORDER	SALES ORDER	JOB	TAX	SLUMP
	PAL PK		NJ	4.00

LOAD QTY.	DESCRIPTION	ORDERED	DELIVERED	UNIT PRICE	AMOUNT
4.00	TANK MIX	30.00	30.00		Y
4.00	FREIGHT	20.00	30.00		
4.00	FUEL SURCHARGE	20.00	30.00		Y

LEAVE PLANT	ARRIVE JOB SITE	START DISCHARGE	FINISH DISCHARGE	ARRIVE PLANT
10:41	11:00	11:05	11:25	

SUB TOTAL

TAX

TOTAL

PREVIOUS TOTAL

GRAND TOTAL

CAUTION

May cause eye or skin injury. Contains Portland cement. Freshly mixed cement, mortar, concrete, or grout may cause skin injury.

TAKE THESE PRECAUTIONS:

1. Avoid all contact with eyes.
2. Wear rubber boots and gloves, and avoid prolonged contact directly with skin or through porous materials.
3. In case of contact with skin or eyes, FLUSH THOROUGHLY WITH WATER.
4. If irritation persists, get medical attention promptly.
5. Keep children away.

UNLOADING

Drivers are prohibited from delivering concrete except under the truck's own power, and where site conditions permit the safe and proper operation of his equipment. Drivers are not permitted to add water to the mix to exceed the maximum slump nor to go beyond the curb line, except upon the authorization of the customer and his acceptance of risk for any loss or damage.

Water added:

Gallons

Rup
Customer's representative

Joel Tanis & Sons, Inc.

201-796-1556



OVER
50 YRS.
OF SERVICE

SAND - GRAVEL - MASON MATERIAL
READY MIXED CONCRETE

ANY	TIME	DATE	ACCOUNT	TRUCK	DRIVER	TICKET
02	08:30	10/29/03	26600	153	RON P.	31138

CUSTOMER NAME	DELIVERY ADDRESS
KELLY DONAHUE CONTR.	407 BROAD AVE PALISADES PK

PURCHASE ORDER	SALES ORDER	JOB	TAX	SLUMP
	PAL PK		NJ	4.00

LOAD QTY.	DESCRIPTION	ORDERED	DELIVERED	UNIT PRICE	AMOUNT
10.00	TANK MIX	20.00+	10.00		Y
10.00	FREIGHT	20.00+	10.00		
10.00	FUEL SURCHARGE	20.00+	10.00		Y

LEAVE PLANT	ARRIVE JOB SITE	START DISCHARGE	FINISH DISCHARGE	ARRIVE PLANT
08:10				

SUB TOTAL
TAX
TOTAL
PREVIOUS TOTAL
GRAND TOTAL

CAUTION

May cause eye or skin injury. Contains Portland cement. Freshly mixed cement, mortar, concrete, or grout may cause skin injury.

TAKE THESE PRECAUTIONS:

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Drivers are prohibited from delivering concrete except under the truck's own power, and where site conditions permit the safe and proper operation of his equipment. Drivers are not permitted to add water to the mix to exceed the maximum slump nor to go beyond the curb line, except upon the authorization of the customer and his acceptance of risk for any loss or damage.

Water added:

1 Gallons

Customer's representative

Joel Tanis & Sons, Inc.

201-796-1556



OVER
50 YRS.
OF SERVICE

SAND - GRAVEL - MASON MATERIAL
READY MIXED CONCRETE

PLANT	TIME	DATE	ACCOUNT	TRUCK	DRIVER	TICKET
02	08:30	10/29/03	25600	154	MIKE H.	31139

CUSTOMER NAME	DELIVERY ADDRESS
KELLY DONAHUE CONTR.	407 BROAD AVE PALISADES PK

PURCHASE ORDER	SALES ORDER	JOB	TAX	SLUMP
	PAL PK		NJ	4.00

LOAD QTY.	DESCRIPTION	ORDERED	DELIVERED	UNIT PRICE	AMOUNT
10.00	TANK MIX	20.00+	20.00		Y
10.00	FREIGHT	20.00+	20.00		
10.00	FUEL SURCHARGE	20.00+	20.00		Y

LEAVE PLANT	ARRIVE JOB SITE	START DISCHARGE	FINISH DISCHARGE	ARRIVE PLANT
08:15				

SUB TOTAL
TAX
TOTAL
PREVIOUS TOTAL
GRAND TOTAL

CAUTION

May cause eye or skin injury. Contains Portland cement. Freshly mixed cement, mortar, concrete, or grout may cause skin injury.

TAKE THESE PRECAUTIONS:

1. Avoid all contact with eyes.
2. Wear rubber boots and gloves, and avoid prolonged contact directly with skin or through porous materials.
3. In case of contact with skin or eyes, FLUSH THOROUGHLY WITH WATER.
4. If irritation persists, get medical attention promptly.
5. Keep children away.

UNLOADING

Drivers are prohibited from delivering concrete except under the truck's own power, and where site conditions permit the safe and proper operation of his equipment. Drivers are not permitted to add water to the mix to exceed the maximum slump nor to go beyond the curb line, except upon the authorization of the customer and his acceptance of risk for any loss or damage.

Water added:

Gallons

Customer's representative

Joel Tanis & Sons, Inc.

201-796-1556



OVER
50 YRS.
OF SERVICE

SAND - GRAVEL - MASON MATERIAL
READY MIXED CONCRETE

PLANT 02	TIME 08:30	DATE 10/29/03	ACCOUNT 26600	TRUCK 160	DRIVER ADRIN	TICKET 31148
CUSTOMER NAME KELLY DONAHUE CONTR.				DELIVERY ADDRESS 407 BROAD AVE PALISADES PK		
PURCHASE ORDER		SALES ORDER PAL PK		JOB	TAX NJ	SLUMP 4.00

LOAD QTY.	DESCRIPTION	ORDERED	DELIVERED	UNIT PRICE	AMOUNT
6.00	TANK MIX	CY	26.00	26.00	Y
6.00	FREIGHT	Y	20.00	26.00	Y
6.00	FUEL SURCHARGE	Y	20.00	26.00	Y

LEAVE PLANT 09:47	ARRIVE JOB SITE	START DISCHARGE	FINISH DISCHARGE	ARRIVE PLANT
----------------------	-----------------	-----------------	------------------	--------------

SUB TOTAL
TAX
TOTAL
PREVIOUS TOTAL
GRAND TOTAL

CAUTION

UNLOADING

May cause eye or skin injury. Contains Portland cement. Freshly mixed cement, mortar, concrete, or grout may cause skin injury.

TAKE THESE PRECAUTIONS:

1. Avoid all contact with eyes.
2. Wear rubber boots and gloves, and avoid prolonged contact directly with skin or through porous materials.
3. In case of contact with skin or eyes, FLUSH THOROUGHLY WITH WATER.
4. If irritation persists, get medical attention promptly.
5. Keep children away.

Drivers are prohibited from delivering concrete except under the truck's own power, and where site conditions permit the safe and proper operation of his equipment. Drivers are not permitted to add water to the mix to exceed the maximum slump nor to go beyond the curb line, except upon the authorization of the customer and his acceptance of risk for any loss or damage.

Water added:

Gallons

PWA
Customer representative



CONSTRUCTION PERMIT

Date Issued **9**Permit # **12-**

IDENTIFICATION Block **215** Lot **15** Qualification Code _____
Work Site Location **245 Broad Ave** Contractor **Preferred Environm**
Address **177 Sargeant Ave**
Owner in Fee **Gerard D'Alessio** Address **Clifton NJ 07013**
Address **245 Broad Ave** Tel. **(973) 470-4044**
Palisades Park NJ Lic. No. or Bldrs. Reg. No. **45-519806**
Tel. () _____

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☒ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK: **Removal of (1) 1000 gallon capacity #2 fuel oil underground tank**

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 \$ **2,000.00**

Construction Official **[Signature]**

Date **9/12/12**

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

PAYMENTS (Office)

Building **15**

Electrical _____

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA State Permit Fee _____

Cert. of Occupancy _____

Other _____

Total **15**

Check No. **13**

Cash _____

Collected by **[Signature]**

PERMITS

CLIENT: Gerard D'Alessio
BLOCK: _____ LOT: _____
SITE ADDRESS: 245 Broad Ave
Palisades Park NJ
BILLING ADDRESS: Same as above
PHONE: _____
WORK BEING PERFORMED: 1000 gallon UST removal
COST OF WORK: \$1,995.00

OUR INFORMATION

NJDEP LICENSE # US519802 FEDERAL TAX ID: 27-1799152

OIL/SLUDGE DISPOSAL COMPANIES

Atlantic Remedial Technologies (ART)	Clifton, NJ	973-470-8480
EPA ID# <u>NJ R000052084</u>		
All American Oil Recovery	Wayne, NJ	973-628-9278
EPA ID# <u>NJ R000003616</u>		
All State ORC	West Milford, PA	973-696-3122

DIG # _____
CHECK # _____
AMOUNT: \$ _____

TOWN HALL: Palisades Park Boro
275 Broad Ave
Palisades Park NJ 07650
201-585-4108

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

Preferred Environmental Services LLC dba Preferred Tank Services
Stephen Shukaitis
177 Sargeant Avenue
Clifton NJ 07013

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

10/21/2011 TO 12/31/2012
VALID

13VH05707500
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
Preferred Environmental Services LLC dba Preferred Tank Services
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

10/21/2011 TO 12/31/2012

VALID

13VH05707500

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



CERTIFICATE OF LIABILITY INSURANCE

PREFE-3

OP ID: 1

DATE (MM/DD/YYYY)

03/20/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Dale Group, Inc.
PO Box 6
Florham Park, NJ 07932
Dale Group

973-377-7000
973-377-4614

CONTACT NAME: Tina Taran
PHONE (A/C, No, Ext): 973-377-7000
E-MAIL: tinat@dalegroup.com
ADDRESS:

FAX (A/C, No): 973-377-4614

INSURED Preferred Environmental
Services LLC
177 Sargeant Avenue
Clifton, NJ 07013

INSURER(S) AFFORDING COVERAGE
INSURER A: Nautilus Insurance Co.
INSURER B: Great Divide Insurance Company
INSURER C: Peerless Insurance Company
INSURER D: Federal Insurance Company
INSURER E:
INSURER F:

NAIC #
17370
25224
24198
20281

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBMT INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY						
A	X COMMERCIAL GENERAL LIABILITY		ECPO154621210	03/15/12	03/15/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						
	POLICY	PRO-JECT	LOC			
AUTOMOBILE LIABILITY						
B	X ANY AUTO ALL OWNED AUTOS		BAP154521310	03/15/12	03/15/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	X HIRED AUTOS	X				
	X UMBRELLA LIAB					
A	X EXCESS LIAB		FFX154521410	03/15/12	03/15/13	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	DED X RETENTION \$					
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	0044727293	03/15/12	03/15/13	NO STATUTORY LIMITS OTHER \$ E L EACH ACCIDENT \$ 500,000 E L DISEASE - EA EMPLOYEE \$ 500,000 E L DISEASE - POLICY LIMIT \$ 500,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				
	If yes, describe under DESCRIPTION OF OPERATIONS below					
C	Equipment Floater		BINDER	03/15/12	03/15/13	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Evidence of Insurance

CERTIFICATE HOLDER

Evidence of Insurance

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION



Certifies That

PREFERRED ENVIRONMENTAL SERVICES LLC
177 SARGEANT AVE
CLIFTON, NJ 07013

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 service:

CLOSURE

INSTALLATION-ENTIRE UST SYSTEM

SUBSURFACE EVALUATION

03/31/2013
EXPIRATION DATE

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

US519802
CERTIFICATING AGENCY

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(e)1.vii:

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. 5:32-2.15(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 _____

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

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									
☐ 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	Other
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. _____	_____	_____	_____

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 work installed conforms to the approved plans and 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. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.



CONSTRUCTION PERMIT

Date Issued 2-2-2001
Control #
Permit # 01-056

IDENTIFICATION Block Lot
Work Site Location 5 BRINKERHOFF TERRACE
PARLISADES YK N.J. 07650
Owner In Fee JERRY DALESSIO
Address 5 BRINKERHOFF TERRACE
PARLISADES YK N.J. 07650
Tel. [REDACTED]
Contractor CANTON EXCAVATING INC.
Address 251 SECOND ST.
SADDLE BROOK N.J.
Tel. (973) 372-1903
Lic. No. or Bldrs. Reg. No. 0500
222931044

Is hereby granted permission to perform the following work:

- | | | |
|---|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER _____ |
- (Subchapter 8 only)

DESCRIPTION OF WORK:

REMOVING 1000 gal. UST.
INSTALL 275 A.B.S.T.

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 \$ _____

Construction Official

Date

U.C.C. F170
(rev. 5/2K)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

PAYMENTS (Office Use Only)

Building 200
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee _____
Cert. of Occupancy _____
Other _____
Total 200
Check No. 4639
Cash _____
Collected by PA

(see reverse side)



FIRE 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 _____ Lot _____
Work Site Location 5 Brinkerhoff Terrace,
Parsippany Park, N.J. 07650,
Owner in Fee JERRY DALE SCLO
Address 5 BRINKHOFF HOFF TERRACE,
PARSIPPANY PARK, NJ 07650
Tel. [REDACTED]
Contractor CASHION EXCAVATING, INC., TIA
Address 251 Second Street
Saddle Brook, NJ 07883
TEL (973) 772-8030
Fax () _____
Lic. No. U500738
Federal Emp. No. 222951044

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems { } New { } Existing { } HVAC
Type: { } Gas { } Oil { } Electric { } Solar
{ } Other _____
Location: _____
Fire Alarm System New { } Existing { }
Location of Panel: _____
Fire Suppression/Standpipe System New { } Existing { }
Location of Main Control Valve: _____
Total Cost of Fire Protection Work \$ 2750.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS
{ } No Plans Required	Type: Alarm System
Joint Plan Review Required:	Suppression Sys.
{ } Building { } Plumbing	Standpipe
{ } Electric { } Elevator	Fire Pump
{ } Fire Plans Approved	Pre-Eng. System
Date: _____	Mechanical
Approved by: _____	Smoke Control
SUBCODE APPROVAL	TCO
{ } CO { } CCO { } CA	Final
Date: _____	Other _____
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.

Jerome J. Sclo
Signature



Date Received _____
Date Issued _____
Control # _____
Permit # _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Removing 1000 USF
Install 275 ASF
Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Storage Tanks

Type: { } Flammable Liquid { } Combustible Liquid

{ } LPG { } LNG Capacity _____ Fuel _____

Alarm Systems { } 110v Interconnected NUMBER _____

{ } System

Alarm Devices (i.e., smoke, heat, pulls, waterflow) _____

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 _____

Halon Suppression _____

Other _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Gas { } or Oil { } Fired Appliances _____

Other _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ _____

U.C.C. F140

(rev. 3/98)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Hard = Applicant Copy



CASTLTON ENVIRONMENTAL CONTRACTORS
Creating Balance Between Industry and Environment

FACSIMILE COVER SHEET

Date: 9/27/01 Fax: 201-585-4110

To: Palisades Park Building Dept.

Attn: Ken Bruno

From: Kelly Born

Number of pages 4, including this cover sheet.

RE: 5 Brinkerhoff Terr. (Jerry D'Alessio)

Comments:

IF YOU HAVE NOT RECEIVED ALL OF THE PAGES
PLEASE CALL (973) 772-9030 Fax: (973) 772-9180
1-800-25-TANKS

251 SECOND STREET • SADDLE BROOK, NJ 07663 • (973) 772-9030 • FAX (973) 772-9180
80 WEST NYACK ROAD • NANUET, NY 10954 • (845) 624-1312 • FAX (845) 624-1325

www.castlton.com



Castlton Excavating, Inc.
Va Castlton Environmental Contr.
251 Second Street
SADDLE BROOK, NJ 07663
1-800-25-TANKS
FAX (973) 772-9180

JOB WORK ORDER
0459

CUSTOMER'S ORDER NO.		PHONE	MECHANIC	HELPER	STARTING DATE
BILL TO					8/9/01
ADDRESS					ORDER TAKEN BY
CITY					☐ DAY WORK
JOB NAME AND LOCATION					☐ CONTRACT
					☐ EXTRA
					JOB PHONE

DESCRIPTION OF WORK:

UPR U.S.T. - 2" line / Shovel & Bro (5" dia)

80 Cals Removal

	TOTAL MATERIALS		
	TOTAL LABOR		
	TAX		
DATE COMPLETED	WORK ORDERED BY	TOTAL AMOUNT	\$

1.5% per month interest will be applied to accounts over 30 days due. All collection fees including attorneys, collection agencies, and court fees will be the responsibility of the client.

Signature

Gerard M. DiAlessio

I hereby acknowledge the satisfactory completion of the above described work.

☐ No one home

☐ Total amount due for above work: or

☐ Total billing to be mailed after completion of work

PARADISE HEATING OIL, INC.

QUIMBY STREET
OSSINING, NEW YORK 10562
(914) 945-0528

CHARGED TO:

CASTLTON
EX

DRAWN BY:			BSW _____ %
TRUCK NO. 118-2	TRACTOR NO.	TRAILER NO.	DATE 2/1/2001
RECEIVED IN GOOD CONDITION BY CARRIER X			

METER NO

GALLON READING

☐ NA 1270 ☐ NA

☐ NA 1993

COMBUSTIBLE LIQUIDS	
REPROCESSED OIL	GALS.
USED OIL	GALS.
WASTEWATER & OIL X	GALS. 3500

31555

CUSTOMER COPY

9/27/01 MORE than 1 JOB on this
Remed MANIFEST 94-102

Published by J. J. KELLER & ASSOCIATES, INC., Neenah, WI 54957-0368 • 1-800-327-4888

NON-HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1
3. Generator's Name and Mailing Address CASTLETON ENVIRONMENTAL 251 Second St SPRING BROOK, NJ 07662		60455-THU 0463 & 1119		
4. Generator's Phone (973) 772-9000				
5. Transporter 1 Company Name CASTLETON ENVIRONMENTAL	6. US EPA ID Number			
7. Transporter 2 Company Name	8. US EPA ID Number			
9. Designated Facility Name and Site Address PAPERONE WASTING OIL CO 1 QUINCY ST JESSING, NY 10562	10. US EPA ID Number	A. Transporter's Phone B. Transporter's Phone C. Facility's Phone 914-945-0528		
11. Waste Shipping Name and Description	12. Containers	13. Total Quantity	14. Unit Wt/Vol	
"WASTE Polychlorinated biphenyls LIQUID MND-O-T-NON RCR-A"	No. Type			
	001 1.7X3.500 G			
b.				
c.				
d.				
D. Additional Descriptions for Materials Listed Above 1. Fuel oil 70 TO 90 WATER 85 TO 90		E. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information NOT regulated as hazardous AB45P (date) JAY Emergency 973-772-9030				
16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to Federal regulations for reporting proper disposal of Hazardous Waste.				
Printed/Typed Name Frank Cumiskey		Signature <i>[Signature]</i>		Month Day Year 10-24-01
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Month Day Year 10-24-01
Printed/Typed Name William Thorsen		Signature		Month Day Year
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year
Printed/Typed Name		Signature		Month Day Year
19. Discrepancy Indication Space				
20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in item 18.				
Printed/Typed Name EDWARD A. REICHGOLD		Signature <i>[Signature]</i>		Month Day Year 10-24-01

UNRECORDED

RECORD COPY

1-800-327-4888

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.k:

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 Taylor Zambary

Address 177 Sargeant Ave

Clifton, NJ 07013

Telephone 973, 420 4044

Signature [Signature]

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

OFFICE DATE RECEIVED: _____

VII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	
☐ Zoning Officer									
☐ 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	Other
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. _____	_____	_____	_____

2015 NOV 9 AM 9 11

Building Department
275 Broad Avenue
Palisades Park NJ 07650
(201)585-4108



IDENTIFICATION

Block 215 Lot 15 Qualifier
Work Site Location 245 BROAD AVE
Palisades Park, NJ 07650
Owner in Fee
Address KECJ PROPERTIES
245 BROAD AVENUE
PALISADES PARK, NJ 07650
Telephone
Contractor
Address [REDACTED] PREFERRED TANK SERVICES
177 SARGEAN AVENUE
CLIFTON, NJ 07013
Telephone (973) 470-4044 FAX
Lic No/Bldrs Reg No. Fed. Emp. No. 271799152

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

CONSTRUCTION OFFICIAL

PermitsNJ

CERTIFICATE

0245 - PALISADES PARK BORO

Date Issued: 04/25/2016
Permit # 15-00510
Certificate: 1500510.1

Home Warranty No.
Type of Warranty Plan [] State [] Private
Use Group I/B
Maximum Live Load
Construction Class
Max. Occupancy Load
Description of Work/Use
REMOVAL OF 275 GALLON AST

☐ 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 _____

Fee \$0.00

Paid [\$0.00]

Check No.

Collected by:

PNJF260 rev. (5/2013)

Printed On: 04/25/2016 11:13



CONSTRUCTION PERMIT

Date Issued

Permit #

11/10/15
15-510

IDENTIFICATION Block 215 Lot 15
 Work Site Location 243 Broad St
 Owner In Fee K. Sohn
 Address [REDACTED]
 Tel. [REDACTED]
 Contractor 177 Seventh Ave
 Address Clifton, NJ 07013
 Tel. 973-470-6044
 Lic. No. or Bldrs. Reg. No. 05-519802

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☒ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
 (Subchapter 8 only)

DESCRIPTION OF WORK:

Removal of

275 5-1100 AST

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 \$ 11200

By [Signature] 11/9/15
 Construction Official Date

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

(see reverse side)

PAYMENTS (Office Use Only)

Building	150
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	
Cert. of Occupancy	
Other	
Total	150
Check No.	1147
Cash	
Collected by	[Signature]

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 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 given.

☐ 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 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 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.



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 215 Lot 15 Subdiv ST. Qualification Code _____
Work Site Location _____

Owner In Fee: K. 500 John _____
Tel. () _____ e-mail same

Address _____
Contractor Putnam Tank Services Tel. (973) 470 4044
Address 177 Sargent Ave e-mail _____
Clifton, NJ 07013

Contractor License No. or Builder Registration No. _____ Exp. Date 3/31/16
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 27-1799152 FAX: 973-470 8644

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
☒ No Plans Required	<u>11/10/15</u>	<u>AST</u>	Dates (Month/Day)
☒ All			Failure
☒ Footings/Foundations			Failure
☒ Structural/Framework			Failure
☒ Exterior			Failure
☒ Interior			Failure
Joint Plan Review Required:			Truss Sys./Bracing
☒ Elec./Plumb./Fire			Barrier-Free
☒ Elevator			Insulation
SUBCODE APPROVAL FOR PERMIT			Finishes—Base Layer
Date			Finishes—Final
Approved by:			Energy
SUBCODE APPROVAL FOR CERTIFICATE			Mechanical
☒ CO	☒ ECO	☒ CA	TCO
Date			Other
Approved by:			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:
1. New Bldg. \$ _____
2. Rehabilitation \$ _____
3. Total (1+2) \$ 1220.00

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

Date Received Control # _____
Date Issued Permit # _____

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
TANK #1
Removal of
275 gallon
AST

TYPE OF WORK:	Sq. Ft.	Sq. Ft.	FEE (Office Use Only)
☐ New Building			
☐ Addition			
☐ Rehabilitation			
☐ Roofing			
☐ Siding			
☐ Fence			
☐ Sign			
☐ Pool			
☐ Retaining Wall			
☐ Asbestos Abatement Subchapter 8			
☐ Lead Haz. Abatement NJAC 5:17			
☐ Radon Remediation			
☐ Other			
☐ Demolition			
Administrative Surcharge \$			
Minimum Fee \$			
State Permit Surcharge Fee \$			
TOTAL FEE \$			<u>150</u>

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Hard = Applicant Copy

**Preferred Environmental Services, LLC**

177 Sargeant Avenue, Clifton, NJ 07013

Phone 973-470-4044; Fax 973-470-8644

November 17, 2015

Mr. Kisoo Sohn
245 Broad Street
Palisades Park, NJ 07650

Site: 245 Broad Street – Palisades Park – NJ – Bergen County – Block: 215 Lot: 15

Dear Mr. Sohn,

On November 16, 2015 Preferred Environmental Services removed two (2) 275-gallon capacity Above Ground Storage Tank Systems (AST) both formerly containing No. 2 heating oil at the above referenced address.

Prior to the removal process construction permit (#15-511 & 15-510) was obtained from Borough of Palisades Park. The tanks were purged, opened and cleaned (waste disposal receipt is attached). Both AST were removed and set aside for local inspection.

An official from the Borough of Palisades Park Building Department inspected the site following the removal. The tank was inspected and approved

Please Note: It is suggested that these reports be kept on file with the current owner, each time the property is transferred.

Sincerely,

Andria Alvarez
Construction Department
Preferred Tank Services
Preferred Environmental Services, L.L.C.

Enclosures: Copy of Borough Letter, Tank Disposal Receipt, Liquid/Sludge Manifest



Preferred Environmental Services, LLC
177 Sargeant Avenue, Clifton, NJ 07013
Phone 973-470-4044; Fax 973-470-8644

November 17, 2015

Borough of Palisades Park
275 Broad Avenue
Palisades Park, NJ 07650
Attn: Building Department

**Re: Permit #15-511 & 15-510 ,
245 Broad Street
Palisades Park, NJ 07650
Block: 215 Lot: 15**

To Whom It May Concern:

Enclosed please find a closure letter for the above referenced site. Permit #15-511 & 15-510 was obtained prior to the removal process. If you need any additional information in order to close this permit, please do not hesitate to contact me at (973) 470-4044.

Sincerely,

Andria Alvarez
Construction Department
Preferred Tank Services
Preferred Environmental Services, L.L.C.

Enclosures: Copy of client letter, Tank Disposal Receipt, Liquid/Sludge Manifest



Preferred Tank Services
Preferred Environmental Services, LLC
177 Sargeant Avenue
Clifton, NJ 07013
P- (973) 470-4044
F- (973) 470-8644

Fax Cover Sheet

To:	Borough of Palisades Park
Company:	Attn: Building Department
Fax Number:	201.585.4110
From:	Andria Alvarez
Re:	Permit # 15-1511 & 15-510
Date:	November 17, 2015
Number of Pages:	7 (Including Cover)

To Whom It May Concern:

Enclosed please find a closure letter for the above referenced site. Permit #15-511 & 15-510 was obtained prior to the removal process. If you need any additional information in order to close this permit, please do not hesitate to contact me at (973) 470-4044.

Thank you.

Andria Alvarez

Field Coordinator

Preferred Tank Services

Preferred Environmental Services, LLC

Notice of Confidentiality

This document contains information that is confidential to Preferred Environmental Services, LLC. It is intended only for the use of the individual or entity named in this transmittal sheet. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution of the taking of any action in reliance on the contents of this fax transmits information is strictly prohibited, and that the documents should be returned to this firm immediately. In this regard, if you have received this fax in error, please notify us by phone immediately so we can arrange for the return of the original documents to us at no cost to you.



PAYMENT RECEIPT

United Paterson Enterprises
124 Wood Street
Paterson, NJ 07524
973-279-1683

Receipt: 0723377 Date: 11/17/2015
Customer: 8883888 Time: 09:17
A VALUED CUSTOMER

Driver's License: 8889

Ticket: 777514 Weight In: 11/17/2015 09:02
Operator: 8 Weight Out: 11/17/2015 09:17
Description: White UTILITY XWB47

All weights in pounds.

Commodity	Gross	Tare	Net	Price	TOTAL \$
# 1 Steel	9160 M	8120	1040	2,500/CW	\$26.00
Ticket Total					\$26.00

of Tickets: 1
Paid by EZCash
Total Paid \$26.00

Rounded to nearest \$1.00
THANKYOU FOR YOUR BUSINESS..
WWW.UNITEDSCRAPIRONANDMETAL.COM
Also "Like" us on Facebook!!
M-F:7:00AM-6:00PM SAT:8:00AM-1:00PM

Tank Disposal
245 Broad Street
Paterson, NJ 07650



STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Certifies That

PREFERRED ENVIRONMENTAL SERVICES LLC
177 SARGEANT AVE
Clifton, NJ 07013

*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

03/31/2016
EXPIRATION DATE

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

US519802
CERTIFICATION NUMBER



NOT AN
ELECTRICIAN
OR PLUMBER
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

PREFERRED ENVIRONMENTAL SERVICES LLC DBA PREFERRED TANK SERVICES
Stephen Shukaitis
177 Sargeant Avenue
Clifton NJ 07013

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

New Jersey Office of the Attorney General
Division of Consumer Affairs

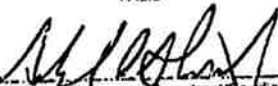
THIS IS TO CERTIFY THAT THE
DIVISION OF CONSUMER AFFAIRS
HAS REGISTERED

PREFERRED ENVIRONMENTAL SERVICES LLC DBA PREFERRED TANK SERVICES
Home Improvement Contractor

NOT AN ELECTRICIAN OR PLUMBER LICENSE

02/05/2015 TO 03/31/2016

02/05/2015 TO 03/31/2016
VALID


Signature of Licensee/Registrant/Certificate Holder

13VH05707500
LICENSE/REGISTRATION/CERTIFICATION #


ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION
CERTIFICATE ID CARD IS
PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

PREFERRED ENVIRONMENTAL SERVICES LLC DBA PREFERRED TANK SERVICES DATE 2016
YOUR LICENSE/REGISTRATION/CERTIFICATION NUMBER IS 13VH 05707500 . 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 MAILING ADDRESS OF RECORD BELOW
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON
YOUR LICENSE/REGISTRATION/CERTIFICATION 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
THE DIVISION OF CONSUMER AFFAIRS TO SEND
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
within reasonable proximity of your original license/registration/certificate at your principal office or place of

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Dale Group
PO Box 6
Florham Park NJ 07932

CONTACT NAME: Tina Taran
PHONE (A/C No. Ext.): 973-377-7000
FAX (A/C No.): 973-377-4614
E-MAIL ADDRESS: tinar@dalegroup.com

INSURED
PREFE-3
Preferred Environmental
Services LLC
177 Sargeant Avenue
Clifton NJ 07013

INSURER(S) AFFORDING COVERAGE

INSURER	NAIC #
INSURER A: Starr Indemnity & Liability Co	38318
INSURER B: Federal Insurance Company	20281
INSURER C: Excelsior Insurance Company	11045
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 516423296

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Pollution \$1M GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☐ LOG		1000065465151	3/15/2015	3/15/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$
	AUTOMOBILE LIABILITY ☒ ANY AUTO ☒ ALL OWNED AUTOS ☒ HIRED AUTOS ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS		SISIPCA08258515	3/15/2015	3/15/2018	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB ☒ EXCESS LIAB DED ☐ RETENTION \$		1000336401151	3/15/2015	3/15/2018	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	004472729303	3/15/2015	3/15/2018	☒ WC STATUTORY LIMITS EL EACH ACCIDENT \$1,000,000 EL DISEASE - EA EMPLOYEE \$1,000,000 EL DISEASE - POLICY LIMIT \$1,000,000
C	Equipment Floater		IM09D4327	3/15/2015	3/15/2018	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of insurance

CERTIFICATE HOLDER

Evidence of insurance

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED TO THE CERTIFICATE HOLDER IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

[Signature]

ACORD 25 (2010/05)

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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 Taylor Zambary

Address 177 Sargent Ave

Clifton, NJ 07013

Telephone 973, 470 9044

Signature [Signature]

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	
☐ Zoning Officer									
☐ 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 _____

Building _____ Energy _____ Other _____

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. _____	_____	_____	_____

2015 NOV 9 AM 9 11

Building Department
275 Broad Avenue
Palisades Park NJ 07650
(201)585-4108



CERTIFICATE

0245 - PALISADES PARK BORO

Date Issued: 06/01/2016
Permit #: 15-00511
Certificate: 1500511.1

IDENTIFICATION

Block 215 Lot 15 Qualifier

Work Site Location 245 BROAD AVE

Palisades Park, NJ 07650

Owner In Fee
Address

KECJ PROPERTIES

245 BROAD AVENUE

PALISADES PARK, NJ 07650

Telephone

PREFERRED TANK SERVICES

Contractor Address

177 SARGEAN AVENUE

CLIFTON, NJ 07013

(973) 470-4044 FAX

Fed. Emp. No. 271799152

Lic No/Bldrs Reg No.

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

Home Warranty No.

Type of Warranty Plan [] State [] Private

Use Group I/U

Maximum Live Load

Construction Class

Max. Occupancy Load

Description of Work/Use

REMOVAL OF 275 GALLON UST

☐ 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 _____.

Fee \$0.00

Paid [\$0.00]

Check No.

Collected by:

CONSTRUCTION OFFICIAL

PermitsNJ

PNJF260 rev. (5/2013)

Printed On: 06/01/2016 11:44

USE CONSTRUCTION PERMIT

Date Issued 11/10/15
 Permit # 15-511

IDENTIFICATION Block 215 Lot 15 Qualification Code Refined Bulk Services
 Work Site Location 245 Broad St Contractor 177 Offshore of Ave

Owner in Fee K. Soe Sohn Address 913, 470 York St Tel. 970 07013
 Address Spine Lic. No. or Bids. Reg. No. CS-519802
 Tel. [REDACTED]

Is hereby granted permission to perform the following work:
☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☒ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
 (Subchapter 8 only)

DESCRIPTION OF WORK:

Removal of
275 yellow AST

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 \$ 11,244

Construction Official [Signature]

Date 11/2/15

PAYMENTS (Office Use Only)	
Building	<u>150</u>
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	
Cert. of Occupancy	
Other	
Total	<u>150</u>
Check No.	<u>1124</u>
Cash	
Collected by	<u>CUS</u>

U.C.C. § 170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

(see reverse side)

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 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 given.

☐ 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 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 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.



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 215 245 15 St. Qualification Code _____

Work Site Location _____

Owner In Fee: Kisoo Sohn

Tel. () _____ e-mail _____

Address _____ e-mail _____

Contractor: Patented Tank Services Tel. () _____

Address: Citibank Ave 07012 e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date 3/31/16

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

Federal Emp. ID No. 27-1799152 FAX: 973-472-8644

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
Date	Initial
☒ No Plans Required	☐ Footing
☒ All	☐ Footing Bonding
☒ 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: _____	☐ Finishes - Final
Approved by: _____	☐ Energy
SUBCODE APPROVAL for CERTIFICATE	☐ Mechanical
Date: _____	☐ TDD
☐ CO ☐ GCO ☐ CA	☐ Other
Approved by: _____	☐ 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 _____

Const. Class Present _____ Proposed _____

If Industrialized Building: State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Rehabilitation \$ 1,200.00

3. Total (1+2) \$ 1,200.00

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

Date Received 11/10/15
Control # 15-5111
Date Issued _____
Permit # _____

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TANK #2

Removal of

275 gallon

AST

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 \$ 150



Preferred Environmental Services, LLC
177 Sargeant Avenue, Clifton, NJ 07013
Phone 973-470-4044; Fax 973-470-8644

November 17, 2015

Mr. Kisoo Sohn
245 Broad Street
Palisades Park, NJ 07650

Site: 245 Broad Street - Palisades Park - NJ - Bergen County - Block: 215 Lot: 15

Dear Mr. Sohn,

On November 16, 2015 Preferred Environmental Services removed two (2) 275-gallon capacity Above Ground Storage Tank Systems (AST) both formerly containing No. 2 heating oil at the above referenced address.

Prior to the removal process construction permit (#15-511 & 15-510) was obtained from Borough of Palisades Park. The tanks were purged, opened and cleaned (waste disposal receipt is attached). Both AST were removed and set aside for local inspection.

An official from the Borough of Palisades Park Building Department inspected the site following the removal. The tank was inspected and approved

Please Note: It is suggested that these reports be kept on file with the current owner, each time the property is transferred.

Sincerely,

Andria Alvarez
Construction Department
Preferred Tank Services
Preferred Environmental Services, L.L.C.

Enclosures: Copy of Borough Letter, Tank Disposal Receipt, Liquid/Sludge Manifest

**Preferred Environmental Services, LLC**

177 Sargeant Avenue, Clifton, NJ 07013

Phone 973-470-4044; Fax 973-470-8644

November 17, 2015

Borough of Palisades Park
275 Broad Avenue
Palisades Park, NJ 07650
Attn: Building Department

Re: Permit #15-511 & 15-510
245 Broad Street
Palisades Park, NJ 07650
Block: 215 Lot: 15

To Whom It May Concern:

Enclosed please find a closure letter for the above referenced site. Permit #15-511 & 15-510 was obtained prior to the removal process. If you need any additional information in order to close this permit, please do not hesitate to contact me at (973) 470-4044.

Sincerely,

Andria Alvarez
Construction Department
Preferred Tank Services
Preferred Environmental Services, L.L.C.

Enclosures: Copy of client letter, Tank Disposal Receipt, Liquid/Sludge Manifest



Preferred Tank Services
Preferred Environmental Services, LLC
177 Sargeant Avenue
Clifton, NJ 07013
P- (973) 470-4044
F- (973) 470-8644

Fax Cover Sheet

To:	Borough of Palisades Park
Company:	Attn: Building Department
Fax Number:	201.585.4110
From:	Andria Alvarez
Re:	Permit # 15-1511 & 15-510
Date:	November 17, 2015
Number of Pages:	7 (Including Cover)

To Whom It May Concern:

Enclosed please find a closure letter for the above referenced site. Permit #15-511 & 15-510 was obtained prior to the removal process. If you need any additional information in order to close this permit, please do not hesitate to contact me at (973) 470-4044.

Thank you,

Andria Alvarez

Field Coordinator

Preferred Tank Services

Preferred Environmental Services, LLC

Notice of Confidentiality

This document contains information that is confidential under the Freedom of Information Act (5 U.S.C. 552). It is the policy of the Borough of Palisades Park to protect such information from unauthorized disclosure. If you are not an authorized recipient of this information, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this document is strictly prohibited, and that the documents should be returned to this town immediately. In this regard, if you have received this document in error, please notify us by phone immediately so we can arrange for the return of the original documents to us at no cost to you.



CONSTRUCTION PERMIT

Permit #

IDENTIFICATION Block	215	SECURITY VEHICLE UNIT	Lot	15	Qualification Code	00000000000000000000
Work Site Location	205 Broad St			Condition	N/A	
Owner in Fee	R. J. [illegible]			Address	[illegible]	
Address	Same			Tel	[illegible]	
Tel	[illegible]			Use	[illegible]	

☐ BUILDING	☐ PLUMBING	☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL	☐ FIRE PROTECTION	☒ DEMOLITION
☐ ELEVATOR DEVICES	☐ ASBESTOS ABATEMENT	☐ OTHER: _____

(Subchapter 8 only)

DESCRIPTION OF WORKERS:

If construction ceases for a period of six (6) months, the permit is void.

Exemption Code: 0-100

U.C.C. #170 (Rev. 01/04)

1 WHITE-INSPECTOR

2. CANARY-OFFICE

INFORMA

ring

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

TYPE OF WORK:

- | | | |
|--------------------------|---------------------------------|---------------------|
| ☐ | New Building | |
| ☐ | Addition | |
| ☐ | Rehabilitation | |
| ☐ | Roofing | |
| ☐ | Sliding | |
| ☐ | Fence | Height (exceeds 6') |
| ☐ | Sign | Sq. Ft. |
| ☐ | Pool | |
| ☐ | Relining Wall | Sq. Ft. |
| ☐ | Asbestos Abatement Subchapter 8 | |
| ☐ | Lead Haz. Abatement NJAC 5:17 | |
| ☐ | Radon Remediation | |
| ☐ | Other | |
| ☐ | Demolition | |

ETJ: (Use Only)

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

Date Received
Control #

Date Issued
Permit #

1 White = Inorganic Carbon
3 Pink = Organic Carbon

2 "Filing & Office Copy
1 "Per. & Attachment (Green



PAYMENT RECEIPT

United Paterson Enterprises
124 Wood Street
Paterson, NJ 07524
973-279-1683

Date: 11/17/2015

Time: 08:17

Receipt: 0723377

Customer: 8899889

A VALUED CUSTOMER

Driver's License: 8889

Ticket: 777514 Weigh In: 11/17/2015 08:02
Operator: 8 Weigh Out: 11/17/2015 08:17
Description: White UTILITY XW647

All weights in pounds.

Commodity	Gross	Tare	Net	Price	TOTAL \$
# 1 Steel	9160 M	8120	1040	2.500/CW	\$26.00
.....					
Ticket Total					\$28.00

of Tickets: -

Paid by EZCash

Total Paid	\$28.00
------------	---------

Rounded to nearest \$1.00

THANKYOU FOR YOUR BUSINESS..
WWW.UNITEDSCRAPIRONANDMETAL.COM
Also "Like" us on Facebook!
M-F:7:00AM-5:00PM SAT:8:00AM-1:00PM

Tank Disposal
245 Broad Street
Palisades, NY, 10964



STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION



Certifies That

PREFERRED ENVIRONMENTAL SERVICES LLC
177 SARGEANT AVE
Clifton, NJ 07013

*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

'2016
TION DATE

US519802
CERTIFICATION NUMBER

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

NOT AN
ELECTRICIAN
OR PLUMBER
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

PREFERRED ENVIRONMENTAL SERVICES LLC DBA PREFERRED TANK SERVICES
Stephen Shukaitis
177 Sargeant Avenue
Clifton NJ 07013

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

02/05/2015 TO 03/31/2016
VALID

Signature of Licensee/Registrant/Certificate Holder

13VH05707500
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION
CERTIFICATE ID CARD IS
PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

PREFERRED ENVIRONMENTAL SERVICES LLC DBA PREFERRED TANK SERVICES DATE 2016
YOUR LICENSE/REGISTRATION/CERTIFICATION NUMBER IS 13VH 05707500 . 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
THE DIVISION OF CONSUMER AFFAIRS TO SEND
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
within reasonable proximity of your original license/registration/certificate at your principal office or place of



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/18/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Dale Group PO Box 6 Florham Park NJ 07932		CONTACT NAME: Tina Taran PHONE (A/C No. Ext): 973-377-7000 FAX (A/C No.): 973-377-4814 E-MAIL: tinar@dalegroup.com Address: tinar@dalegroup.com	
INSURED Preferred Environmental Services LLC 177 Sargeant Avenue Clifton NJ 07013		INSURER(S) AFFORDING COVERAGE	
PREFE-3		NAIC #	
		INSURER A: Starr Indemnity & Liability Co 38318	
		INSURER B: Federal Insurance Company 20281	
		INSURER C: Excelsior Insurance Company 11045	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 518423296

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER	TYPE OF INSURANCE	ADD. INSURER	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Pollution \$1Mli GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☐ LOC		1000085458151	3/15/2015	3/15/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000 \$
	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ ALL OWNED AUTOS ☒ HIRED AUTOS ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS		SISIPCA08258315	3/15/2015	3/15/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$		1000338401151	3/15/2015	3/15/2016	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☐ N/A	004472729303	3/15/2015	3/15/2016	☒ WC STATUS E L EACH ACCIDENT \$1,000,000 E L DISEASE - EA EMPLOYEE \$1,000,000 E L DISEASE - POLICY LIMIT \$1,000,000
C	Equipment Floater		IM8904327	3/15/2015	3/15/2016	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of insurance

CERTIFICATE HOLDER**CANCELLATION**

Evidence of insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2010/05)

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BLOCK 304 LOT 3 QUALIFICATION CODE _____ ADDRESS (SITE) 28-32 E. Palmdale Pkwy PERMIT NO. 98-385



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 28-32 East Palmdale Pkwy.

2. Name of Owner In Fee: Harmon Management Tel. (908) 464-3511
Address 400 State St. Hackensack, NJ 07601 zip code 07601

3. Ownership In Fee: Public Private

4. Principal Contractor: ARVO Environmental Tel. (908) 464-3511
Address PO Box 188 Berkeley Heights NJ 07922

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. 82,309,5838 FAX: (908) 464-8979 Tel. () _____

5. Architect or Engineer _____
Address _____

6. Responsible Person in Charge of Work: MARK C. ANJUS FAX (908) 464-8979
Tel. (908) 464-3511

V. FEE SUMMARY (for office use only)

1. Building	\$	Update
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal	\$	
7. Less 20% for State Plan Review		
8. Subtotal	\$	
9. DCA Training Fee		
10. Subtotal		
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	_____	ft.
2. Height of Structure	_____	sq. ft.
3. Area - Largest Floor	_____	sq. ft.
4. New Building Area	_____	cu. ft.
5. Volume of New Structure	_____	sq. ft.
6. Construction Classification	_____	
7. Total Land Area Disturbed	_____	ft.
8. Flood Hazard Zone	_____	
9. Base Flood Elevation	_____	
10. Wetlands	yes _____ no _____	
11. Max. Live Load	_____	
12. Max. Occupancy Load	_____	

(office use only)

Dep# 98-12-01-1208-41

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Resubmission Dates		Re-viewer
			Approval	Rejection	
1. ☐ Minor Work					
2. ☐ New Building					
3. ☐ Addition					
4. ☐ Alteration					
5. ☐ Fire Protection					
6. ☐ Plumbing					
7. ☐ Electrical					
8. ☐ Elevator Devices					
9. ☐ Asbestos Abat. Subch. B					
10. ☐ Lead Hazard Abatement					
11. ☐ Demolition					
TOTAL COSTS					

II. PROPOSED WORK

1. ☐ Minor Work

2. ☐ New Building

3. ☐ Addition

4. ☐ Alteration

5. ☐ Fire Protection

6. ☐ Plumbing

7. ☐ Electrical

8. ☐ Elevator Devices

9. ☐ Asbestos Abat. Subch. B

10. ☐ Lead Hazard Abatement

11. ☐ Demolition

III. DO YOU WANT: (optional)

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

8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)

2. ☐ Multi-Family (R-2)

3. ☐ Two-Family (R-3) BOCA

4. ☐ Two-Family (R-4) CABO

5. ☐ One-Family (R-3) BOCA

6. ☐ One-Family (R-4) CABO

No. of dwelling units: _____

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

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(e)1.vii:

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. 5:32-2.15(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 ANCO ENVIRONMENTAL SVC

Address P.O. BOX 188
BERKELEY HTS, NJ 07922-0188

Telephone (908) 464-3511

Signature [Signature]

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	
☐ Zoning Officer									
☐ 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 _____ Other _____

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. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued 10/27/1998
Control #
Permit # 98-385

IDENTIFICATION Block
Work Site Location Q8-32 East Palisades Blvd. Lot Contractor ANCO ENVIRONMENTAL-SVC
Palisades Park, NJ P.O. BOX 188
Owner In Fee Blanton Management - Reichard Address BERKELEY HTS. NJ 07922-0188
Address 400 State St. Tel. (908) 464-3511
Blackensack, NJ 07601 Lic. No. or Bids. Reg. No.
Tel. Fed. Emp. No. 223095838

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
REMOVE 3,000 GALLON #2
FUEL OIL UST AND ASSOCIATED

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 \$

Anthony Padalino 10/27/98
Construction Official Date

U.C.C. F170
(rev. 3/86)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY (see reverse side)

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	
Check No.	<u>2464</u>
Cash	
Collected by	

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 work installed conforms to the approved plans and 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 unless 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. All structural framing and connections prior to covering with finish or infill material; plumbing underground services; rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
 4. Installation of all finished materials, sealings of exterior joints; plumbing piping; trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.
- ☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.
- ☐ A complete copy of approved plans must be kept on the job site.
- If you do not understand any of this information, please ask.



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 8008 Lot 28-32 Palmyres Blvd.
 Work Site Location Palmyres Park, NJ
 Owner In Fee Nelson Management Michael Schwarz
 Address 400 State St.
Blackensack, NJ 07601
 Tele. () ANCO ENVIRONMENTAL SVC
 Contractor P.O. BOX 188
 Address BERKELEY HTS, NJ 07922-0188
 Tele. (908) 464-3511 Fax (908) 464-8979
 Lic. No. or Bids. Reg. No. 223095838
 Federal Emp. No. 223095838

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type	Failure	Failure	Approval	Initial
☐ No Plans Required								
☐ All								
☐ Footing								
☐ Foundation								
☐ Frame								
☐ Other								
Joint Plan Review Required:								
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator					
SUBCODE APPROVAL								
☐ CO	☐ CCO	☐ CA						
Date: _____								
Approved by: _____								
Barrier-Free								

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Contr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Alteration \$
Height of Structure			3. Total (1+2) \$
Area — Largest Floor			Sq. Ft.
New Bldg. Area/All Floors			Sq. Ft.
Volume of New Structure			Cu. Ft.
Total Land Area Disturbed			Sq. Ft.



Date Received 10/27/1998
 Date Issued 98-385
 Control # 98-385
 Permit # 98-385

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMOVE 300 GALLON #2 FUEL OIL UST AND ASSOCIATED PIPING.

TYPE OF WORK:
☐ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other
☐ Demolition

FEE (Office Use Only)
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

Administrative Surcharge \$
 Minimum Fee \$
 DCA Training Fee \$
 TOTAL FEE \$

U.C.C. F110 (rev. 3/98)

1. White = Inspector Copy
 2. Green = Office Copy
 3. Pink = Office Copy
 4. Gold = Applicant Copy



FIRE 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 _____
Work Site Location 88-32 East Palisade Blvd.
Owner In Fee Palisade Park, NY
Address Hannon Management - Neil E. Howard
400 State St.
Hackensack, NJ 07601
Contractor ANCO ENVIRONMENTAL SVC
Address P.O. BOX 188
BERKELEY HTS, NJ 07922-0188
Tele. () _____ Fax (908) 464-8979
Lic. No. _____
Federal Emp. No. 223095838
B. FIRE PROTECTION CHARACTERISTICS
Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [] New [] Existing [] HVAC
Type: [] Gas [] Oil [] Electric [] Solar
[] Other _____
Location: _____
Total Cost of Fire Protection Work \$ _____

PLAN REVIEW		INSPECTIONS		DATES (Month/Day)	
Type	No Plans Required	Type	Failure	Failure	Approval Initial
[] Building	[] Plumbing	Alarm System			
[] Electric	[] Elevator	Suppression Sys.			
[] Fire Plans Approved		Standpipe			
Date: <u>10/27/98</u>		Fire Pump			
Approved by: <u>[Signature]</u>		Pre-Eng. System			
SUBCODE APPROVAL		Mechanical			
[] CO	[] CCO	Smoke Control			
[] CA		TCO			
Date: _____		Final			
Approved by: _____		Other			

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or) owner of record and am authorized to make this application.

[Signature]
Signature



Date Received 10/27/1998
Date Issued _____
Control # _____
Permit # 98-385

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REMOVE 3000 GALLON #2 FUEL OIL UST AND ASSOCIATED PIPING.
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Storage Tanks	Type	Capacity	Interconnected	NUMBER	FEE (Office Use Only)
[] Flammable Liquid	[] LUG	[] LNG	[] 110v		
[] Fuel					
Alarm Systems	[] System				
Alarm Devices (i.e., smoke, heat, pull, water/flow)					
Supervisory Devices (i.e., tamper, low/high air)					
Signalling 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					
CO ₂ Suppression					
Foam Suppression					
Halon Suppression					
Other					
Kitchen Hood Exhaust System					
Smoke Control System					
Gas [] or Oil []					
Fixed Appliances					
Other					
Administrative Surcharge	\$				
Minimum Fee	\$				
DCA Training Fee	\$				
TOTAL FEE	\$				

U.O.C. #1400
(rev. 2008)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy



Borough of Palisades Park

275 Broad Avenue

Bergen County, N.J. 07650

Building Department

August 12, 1999

Anco Enviro, Inc.
P.O. Box 188
Berkeley Heights, NJ 07922

Dear Sir,

With regard to our phone conversation on August 11, 1999 please be advised permit #98-385 issued to "Tanktite Inc." is still valid.

Kindly send this department a letter to verify your company is doing the job instead of Tanktite Inc. and your company will address D.E.P. case #98-12-01-1208-41.

Enclosed please find this department has returned your ch. #16226 and we have written "VOID" across the face.

Upon receipt of the needed correspondence a copy of the permit will be sent to you.

Thank You

Respectfully,

A handwritten signature in dark ink, appearing to read "Anthony Pollotta", written over a horizontal line.

Anthony Pollotta
Construction Official

cc: Hanson MGMT.
400 State St.
Hackensack, NJ 07601

Borough of Palisades Park
275 Broad Avenue
Palisades Park, NJ 07650

REQUEST FOR ACCESS TO GOVERNMENT
RECORDS

FOR MUNICIPAL USE ONLY

Date Received: 2/8/07 M. Date of Response: _____

SEE INSTRUCTIONS ON THE OTHER SIDE

Name: ENN KUNNAPAS Marcus & Millichaq
Address: 611 River Dr. 4th FL ELWOOD PARK NJ 07607

Telephone (Day) [REDACTED]

Information Requested:

- ☐ Copy of Minutes [specify board or entity, date, topic or other identifying information]
- ☐ Copy of Ordinance or Resolution [specify date, number, or other identifying information]
- ☐ Police Accident Report Fee: _____
Identify Accident:
- ☒ Other [specify] Permit and any other related documents for removal of underground tank @ 28-32 E. Palisade Blvd.
- ☐ License Information [Specify]

Information on a Specific Property

Address

Block

Lot

28-32 E. Palisade Blvd
304 3

- [] **Municipal Lien Search** Fee: \$ 10.00
Municipal Lien Searches are provided by the designated search officer and will be provided within 15 days after the request is received and the fee paid, as provided in *N.J.S.A. 54:5-11, et seq.*
- [] **List of Property Owners within 200'** Fee:
As provided in *N.J.S.A. 40:55D-12*, the fee is the greater of \$25 per name or \$10.00

A request for access to or for a copy of Government Records should be submitted on this form which has been adopted by the Municipal Clerk as the Custodian of Records. Some records will be immediately available during normal business hours. Some records will require time to compile and to make the copies requested, but will normally be available during normal business hours and within seven (7) business days. If any document or copy which has been requested is not a public record or cannot be provided within the seven (7) business days, you will be provided with a response with that information within the seven (7) business days. Some records requested have specific fees or other response times established by statute. There is no fee involved in simply inspecting a document during normal business hours. This request may be filed electronically. In general:

- Immediate access is ordinarily available for to budgets, bills, vouchers, contracts, including collective negotiations agreements and individual employment contracts, and public employee salary and overtime information. Minutes of public meetings will be generally available immediately after the minutes have been approved.
- Records which are not readily available or which will require a search of records will be made available as soon as possible and the applicant will be provided with an interim report within seven [7] business days indicating the time which will be required to provide the records.
- Except as otherwise provided by law or regulation, the fee assessed for the duplication of a printed record shall be: first page to tenth page, \$0.75 per page; eleventh page to twentieth page, \$0.50 per page; all pages over twenty, \$0.25 per page; for a police accident report there is an additional fee when the request is not made in person of \$5.00 for the first 3 pages and \$1.00 for each additional page, as provided by *N.J.S.A. 39:4-131*.
- Where a request is for a copy in a format other than a photocopy, reasonable efforts will be made to provide the information in the format requested. The cost will be based on the costs of producing the format requested.
- Where a legal determination must be made as to whether records are "public records" as provided by law, the request will be reviewed by the Municipal Attorney.

The term "public records" generally includes those records determined to be public in accordance with *N.J.S.A. 47:1A-1*. The term does not include employee personnel files, police investigation records, public assistance files or other matters in which there is a right of privacy or confidentiality or inter-agency or intra-agency advisory, consultative, or deliberative material or other material which is specifically exempted by law.

The Applicant hereby acknowledges receipt of a copy of this form with the date on which the information is expected to be available and the estimated cost. The applicant hereby certifies that he or she has not been convicted of any indictable offense under the laws of this State, any other state or the United States and is not seeking government records containing personal information pertaining the victim or the victim's family as provided by *N.J.S.A. 47:1A-1 et seq.*

This form, when signed by the municipal official shall constitute a receipt for any deposit received.

The information requested will be ready on

Estimated Number of Pages

Estimated Cost

Deposit

[required where the anticipated cost of reproduction exceeds \$5.00]

Applicant



Date:

4/8/07

Municipal Official



Date:

2/8/07

Marcus & Millichap

Real Estate Investment Brokerage Company
of New Jersey

River Drive Center 3
611 River Drive, 4th Floor
Elmwood Park, NJ 07407
Tel: 201-582-1000, Ext. 1017
Fax: 201-582-1010
Cell: 201-446-0967

ekunnapas@marcusmillichap.com

Offices throughout the United States

Evan H. Kunnapas
Senior Investment Associate
Director
National Multi Housing Group



STATE OF NEW JERSEY
DEPARTMENT OF
ENVIRONMENTAL PROTECTION

Certifies That

ANCO ENVIRONMENTAL CONSTRUCTION, INC.
35 RUSSO PLACE, P.O. BOX 188
BERKELEY HEIGHTS, NJ 07922

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:

INSTALL - ENTIRE
CLOSURE
SUBSURFACE

US000024
PERMANENT CERTIFICATION NUMBER
08/31/01
EXPIRATION DATE



Richard J. Wells
ASSISTANT COMMISSIONER, DEPARTMENT OF
ENVIRONMENTAL PROTECTION



TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

BLOCK 304 LOT 3

QUALIFICATION CODE

ADDRESS (SITE)

PERMIT NO.

98-407



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

- Proposed Work Site at: 28 East Palisades PK, N.Y.
- Name of Owner in Fee: May Lipman Tel. ()
Address: 28 East Palisades Bl, Palisades PK, N.Y. ZIP CODE: 10964
- Ownership In Fee: Public Private
- Principal Contractor: Janh Fiter Inc. Tel. (913) 728-8855
Address: 1551 Greenwood L.R. 10th St. Newell N.Y. 10942
License No. OR, if new home, Builder Reg. No. 12500630 Exp. Date: 12/31/98
Federal Employee No. 223235816 FAX: ()
Architect or Engineer: Tel. ()
Address: Tel. ()
Responsible Person in Charge of Work: FAX ()
Tel. ()

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			
8. State Plan Review			
9. Subtotal			
10. DCA Training Fee			
11. Subtotal			
12. Cert. of Occupancy			
13. Other			
TOTAL			

VI. BUILDING/SITE CHARACTERISTICS

- Number of Stories
- Height of Structure
- Area - Largest Floor
- New Building Area
- Volume of New Structure
- Construction Classification
- Total Land Area Disturbed
- Flood Hazard Zone
- Base Flood Elevation
- Wetlands
- Max. Live Load
- Max. Occupancy Load

OPTIONAL (for office use only)

III. PROPOSED WORK	Est. Cost	Plans				Rejection		Approval		Resubmission Dates		Re-viewer
		Rec'd by	Date	Rec'd	Date	Date	Date	Approval	Rejection	Approval	Rejection	
1. ☐ Minor Work												
2. ☐ New Building												
3. ☐ Addition												
4. ☐ Alteration												
5. ☐ Fire Protection												
6. ☐ Plumbing												
7. ☐ Electrical												
8. ☐ Elevator Devices												
9. ☐ Asbestos Abat. Subch. 8												
10. ☐ Lead Hazard Abatement												
11. ☐ Demolition												
TOTAL COSTS												

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

- ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

VII. DESCRIPTION OF BUILDING USE

- RESIDENTIAL
 - ☐ Hotels (R-1)
 - ☐ Multi-Family (R-2)
 - ☐ Two-Family (R-3) BOCA
 - ☐ Two-Family (R-4) CABO
 - ☐ One-Family (R-3) BOCA
 - ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group. Indicate Former:

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(a)1.vi:

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. 5:32-2.15(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 Charles R. R.

Address _____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIL. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	
☐ Zoning Officer									
☐ 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 _____ Other _____

Electrical _____ Barrier Free _____

Plumbing _____ Flood Hazard _____

Fire Protection _____ As Built Elevation Cert. _____

Mechanical _____ Other _____

X. CERTIFICATES ISSUED (office use only)

	No.	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. _____	_____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued 11-10-98
Control #
Permit # 98-407

IDENTIFICATION Block Lot
Work Site Location 28 E. Palisades BL Contractor Fanktite Inc.
Address 151 Greenwood Rd.
Owner In Fee Samy Lubman Tel. 473-128-8855
Address 28 E. Palisades BL Lic. No. or Bldg. Reg. No. 05100630
Address Palisades Park, NJ Fed. Emp. No. 223235816
Tel. [REDACTED]

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter B only)

DESCRIPTION OF WORK

To install 1,000 gal. oil storage tank

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 2,350
Construction Official [Signature] Date _____

UCC F170
(rev. 3/88)

1 WHITE-INSPECTOR COPY 2 CANARY-OFFICE COPY 3 PINK-OFFICE COPY 4 GOLD-APPLICANT COPY (see reverse side)

PAYMENTS (Office Use Only)	
Building	<u>100</u>
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	<u>100</u>
Total	<u>2532</u>
Check No.	
Cash	
Collected by	<u>GA</u>

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 work installed conforms to the approved plans and 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. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

U.C.C. Form F-1700



**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 _____
Work Site Location 28 E. Palmyra, N.J. Lot _____
Palmyra, N.J. 07650
Owner In Fee _____
Address _____
Tel. _____
Contractor Lambert, Inc.
Address 15 E. Greenwood, R.R. 10, NJ
Palmyra, N.J. 07650
Tel. (973) 728-8855 Fax () _____
Lic. No. or Bldg. Reg. No. 45-00630
Federal Emp. No. 223235816

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date		Initial		INSPECTIONS		Dates (Month/Day)	
☐	No Plans Required								
☐	All								
☐	Footings								
☐	Foundation								
☐	Frame								
☐	Other								
Joint Plan Review Required:									
☐	Elec.	☐	Plumb.	☐	Fire	☐	Elevator		
SUBCODE APPROVAL									
☐	CO	☐	CCO	☐	CA				
Date: _____									
Approved by: _____									
Barrier-Free									

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class 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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ _____



Date Received _____
Date Issued _____
Control # _____
Permit # _____

10-10-98
98-407

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.

Charles H. Hoke
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

To Install 01 - 1000 Gal oil
Storage Tank

TYPE OF WORK:

☐ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other _____
☐ Demolition

FEE (Office Use Only)
\$ _____

Administrative Surcharge \$ 100
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ _____

U.C.C. F110
(rev. 3/88)

1. White = Inspector Copy
2. Canary = Office Copy
3. Pink = Office Copy
4. Gold = Applicant Copy



ENVIRONMENTAL SERVICES, INC.

(908)464-9200 FAX (908)464-8979

August 24, 1999

Mr. Anthony Pollotta
Borough of Palisades Park
275 Broad Ave.
Bergen County, NJ 07650

Re: Tank removal project at 28-32 E. Palisades Blvd.

Dear Mr. Pollotta:

This is to confirm that ANCO Environmental has been retained by Hanson Management (on behalf of Mr. Sam Lipman) to complete the tank removal project started by Tank Tite (NJDEP case # 98-12-01-1208-41).

Kindly change your records to reflect the same.

Sincerely,

Mark C. Annis
President

MCA/tns

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.

Steve Rich Environmental Contractors

One Passaic Street - Unit A

Wood-Ridge, NJ 07075

Agent Name _____

Address _____

973-458-1188 / 973-458-1199

Telephone _____

Signature Cheryl Balcer

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	
☐ Zoning Officer									
☐ 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	Energy	Barrier Free	Flood Hazard	As Built Elevation Cert.	Other
Building					
Electrical					
Plumbing					
Fire Protection					
Mechanical					

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.			



CONSTRUCTION PERMIT

5/9/12
Date Issued 12-165
Permit #

IDENTIFICATION Block _____ Qualification Code _____
 Work Site Location: 32 East Anisot's Blvd Lot _____
Valley Forge NJ 07650
 Owner In Fee: Hept Green
 Address: 331 Forest Avenue
Valhalla NJ 07650
 Tel. (914) 438-1188 / 973-458-1199
 Contract: Steve Rich Environmental Contractors
 Address: One Passaic Street - Unit A
 Tel. () Wood Ridge, NJ 07075
 Lic. No. or Bldg. 973-438-1188 / 973-458-1199

I hereby granted permission to perform the following work:
☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
 (Subchapter 8 only)

DESCRIPTION OF WORK:

Remove 2000 gallon UST

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 \$20,000.00

Contractor Anthony Gifford Date 5/8/12

U.C.C. #170 (rev. 01/04) 1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-TAX ASSESSOR 4 GOLD-APPLICANT (see reverse side)

PAYMENTS (Office Use Only)	
Building	150
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	4
DCA State Permit Fee	
Cert. of Occupancy	
Other	154
Total	304
Check No.	2618
Cash	
Collected by	123

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 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 given.

☐ 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 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, connectors, 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 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 N.J.A.C. 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.



CONSTRUCTION PERMIT

IDENTIFICATION Block

Work Site Location 37 2nd St. at Passaic River
Owner In Fee Steve Rich Environmental Contractors
Address One Passaic Street - Unit A
City Wood-Ridge, NJ 07075
Tel. 973-458-1188

Qualification Code

Is hereby granted permission to perform the following work:
☒ BUILDING
☐ ELECTRICAL
☐ ELEVATOR DEVICES
☐ PLUMBING
☐ FIRE PROTECTION
☐ ASBESTOS ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:

Remove 2000 gal. oil

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: \$ 2000.00

U.C.C. F110 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

PAYMENTS (Office Use Only)
Building 1500
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee 4
Cert. of Occupancy
Other
Total 1504
Check No. 21218
Cash
Collected by 123

☐ LEAD HAZARD ABATEMENT
☐ DEMOLITION
☐ OTHER

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class 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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Rehabilitation \$ _____
3. Total (1+2) \$ _____

☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☒ Other Oil
☐ Demolition

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

FEE (Office Use Only)
\$ _____

received # _____
sued # _____

Date Issued

Permit #

5/9/12

12-165

5/9/12

12-165



5/9/12
12-165

Thank You FOR GIVING

Steve Rich Environmental Contractors

YOUR BUSINESS!!

Tank Certification Booklet

Certificate of Removal

Permit

Tank Disposal Receipt

Sludge/Oil/Water Disposal Receipt

NJ Department of Environmental Protection License

**Steve Rich Environmental Contractors
One Passaic Street - Unit A, Wood-Ridge, New Jersey 07075
(973) 458-1188 / Fax: (973) 458-1199**

Certificate of Removal

This certificate is issued on 7/11/12 to certify that *Steve Rich Environmental Contractors* performed the Removal of a 2000 gallon Underground Storage Tank (UST) from the property owned by:

Peter Gashi

Located at:

32 East Palisades Blvd., Palisades Park, NJ 07650

All work was done in accordance with NJDEP, API, OSHA, and EPA regulations and standards.



Contractor Signature

____7/11/12____
Date

PAYMENT RECEIPT

United Scrap Iron & Metal Nonferrous-Div
705-713 River Drive
Passaic, NJ 07055
973-272-6822

Receipt: 441531 Date: 07/12/2012
Customer: 9999999 Time: 16:33
A VALUED CUSTOMER

Driver's License: 9999

Ticket: 478497 Weigh In: 07/12/2012 16:22
Operator: 9 Weigh Out: 07/12/2012 16:33

All weights in pounds. M indicates manual weight

Commodity	Gross	Tare	Net	Price	TOTAL \$
# 1 Steel	37880 M	35160 M	2720	10.000/CW	\$272.00
Ticket Total					\$272.00

of Tickets: 1

Paid by CASH

Total Paid	\$272.00
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Rounded to nearest \$1.00

Thankyou for your Business!!!
Also like us on Facebook...

WORK ORDER

STEVE RICH

& ASSOCIATES

Environmental Contractors

One Passaic Street - Unit A
Wood-Ridge, New Jersey 07075

1-877-7-DEPEND

2319

CUSTOMER'S ORDER NO.	DATE ORDERED
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

BILL TO	Peter Gashi	PHONE	
ADDRESS	32 EAST Palisade AVE	MECHANIC	
CITY	Palisades - NY	HELPER	
JOB NAME AND LOCATION	Gashi 32-EAST Palisade	MECHANIC	
DESCRIPTION OF WORK	Remove 2000 gallon UST	CONTRACT	☐
		EXTRA	☐

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
210	Gallons oil		
	Gallons water		
250	Gallons sludge		

HOURS	LABOR	AMOUNT	TOTAL MATERIALS
	MECHANICS		
	HELPERS		
	TOTAL LABOR		
I hereby acknowledge the satisfactory completion of the above described work:		TOTAL LABOR	TAX
SIGNATURE	DATE COMPLETED	TOTAL	460



STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION



Certifies That

STEVEN RICH & ASSOCIATES
ONE PASSAIC ST UNIT A
Wood-Ridge, NJ 07075

Underground Storage Tank Certification Program
N.J.S.A. 58:10A-24.1-8

Having duly met the requirements of the

Is hereby approved to perform the following services:

CLOSURE
INSTALLATION-ENTIRE UST SYSTEM
SUBSURFACE EVALUATION
TANK TESTING

31/2013
EXPIRATION DATE

US01120
CERTIFICATION NUMBER

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

BACKGROUND AND MULTIPLE SECURITY FEATURES PLEASE VERIFY AUTHENTICITY

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

Steven Rich & Associates
Steven Rich
One Passaic Street
Unit A
Wood-Ridge NJ 07075

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

11/03/2011 TO 12/31/2012
VALID

13VH01565000
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

Steven Rich & Associates
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
11/03/2011 TO 12/31/2012
VALID

13VH01565000

Licensee/Registrant/Certificate #

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



STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION



Certifies That

STEVEN RICH & ASSOCIATES
ONE PASSAIC ST UNIT A
Wood-Ridge, NJ 07075

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THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED
BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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Steven Rich
One Passaic Street
Unit A
Wood-Ridge NJ 07075

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

New Jersey Office of the Attorney General
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Steven Rich & Associates
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
11/03/2011 TO 12/31/2012

VALID

13VH01565000

Signature of Director

11/03/2011 TO 12/31/2012
VALID

13VH01565000

LICENSE/REGISTRATION/CERTIFICATION #

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DIRECTOR

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