BLOCK 27 LOT 36 QUALIFICATION CODE _____ ADDRESS (SITE) 171 Penna Ave C27/36 PERMIT NO. 297-10

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: UST Removal - 3 tanks
2. Name of Owner in Fee: Estate of Robert Yarak, Co-Executor Cathie Smith
   Tel. (908) 319-7256 e-mail _____
   Address 171 Penna Ave (street) Raritan Twp. (municipality) 08822 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Preferred Environmental Tel. (973) 470-4044
   Address 677 Sargeant Ave e-mail _____
   Clifton NJ 07013
   License No. OR, if new home, Builder Reg. No. 05519802 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 27-1799152 FAX: ( ) _____
5. Architect or Engineer None Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Cathie Smith, Co-Exec
   Tel. (908) 319-7256 FAX: ( ) _____

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 State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 195 -		

CA Jud

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

00203_047042 297-10 SF 3959

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☒ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building					3-29-10	SD			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

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 3/29/10

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

CA issued 4/22/10

HUNTERDON COUNTY HEALTH DEPARTMENT
RT. 12 COUNTY COMPLEX, BLDG. #1
PO BOX 2900
FLEMINGTON, NJ 08822-2900
908-788-1351
FAX: 908-782-7510

☐ REGULATED
☒ NON REGULATED

UNDERGROUND STORAGE TANKS
FLOW SHEET FOR TANK PULLS

MUNICIPALITY: Raritan BLOCK: 27 LOT: 36

HOMEOWNER'S NAME: Estate of Robert Yard

PHONE NUMBER: _____

MAILING ADDRESS: _____

STREET LOCATION: 171 Pennsylvania Ave

SIZE OF TANK AND PRODUCT STORED: 550 gal by 1st Barn; 1,000 gal behind house & 1,000 gal at end of house see below

LOCAL DEMOLITION PERMIT OBTAINED: Y NUMBER: 297-10

CONTRACTOR EXCAVATING TANKS: Preferred Tanks PHONE NUMBER: 973-470-4044

==========

DATE(S) SITE ASSESSMENT MADE: 4/14/10

X TANKS EXCAVATED AND REMOVED, SITE ASSESSMENT SHOWS NO SIGN OF VISIBLE CONTAMINATION IN EXCAVATION AND NO HOLES IN TANK one tank behind & one tank @ end of house both ok

_____ TANK TO BE ABANDONED IN PLACE - SITE ASSESSMENT SHOWS TANK HAS BEEN CLEANED OUT AND NO HOLES OR WATER VISIBLE IN THE TANK

_____ FOAM OR PETROFILL - DUE TO THE NATURE OF THIS ACTIVITY NO INSPECTION CAN BE MADE THEREFORE, NO SITE ASSESSMENT WAS CONDUCTED BY THIS DEPARTMENT

X SITE ASSESSMENT SHOWS THE FOLLOWING SIGNS OF CONTAMINATION:

550 gal Tanks: water & product in hole

EVIDENCE OF GROUNDWATER ENCOUNTERED: YES X NO _____

REGULATED UST FACILITY: No CLOSURE APPROVAL # FROM NJDEP N/A

HOTLINE NOTIFIED: YES yes NO _____ NJDEP HOTLINE # 1-877-927-6337

NJDEP CASE #: 10-04-15-1251-46

NAME OF CLEAN-UP CONTRACTOR: preferred Tanks PHONE NUMBER 973-470-4044

COMMENTS: _____

INSPECTOR'S SIGNATURE: Deborah Vaccarella DATE: 4/14/10

TOWNSHIP OF RARITAN
CODE ENFORCEMENT DEPT.
FLEMINGTON, NJ 08822-3446

Date Issued 04/22/10
Control #
Permit # 297-10

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 27 Lot 36 Qual

Work Site Location 171 PENNSYLVANIA AVENUE

Owner in Fee/Occupant YARD, ROBERT, ESTATE OF
Address 171 PENNSYLVANIA AVENUE
FLEMINGTON, NJ 08822-
Telephone (908) 319-7256
Contractor PREFERRED ENVIRONMENTAL
Address 177 SERGEANT AVENUE
CLIFTON, NJ 07013-
Telephone (973)470-4044 Fax ( ) -
Lic. No. or Bldrs. Reg. No. US519802
Federal Emp. No. 97-3470404

Home Warranty No.
[ ] State [ ] Private
Use Group U-
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REMOVAL/DEMOLITION OF 3 UNDERGROUND OIL TANKS

[ ] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ____.

Construction Official

Fee $ 0
Paid [X] Check No. 135
Collected by: LK

U.C.C. F260 (rev. 3/96)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 4/1/10

Date Issued
Permit # 299-10

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

Block 27 Lot 36 Qualification Code

Work Site Location 171 Penna Ave
Flemington NJ 08822

Owner in Fee: Estate of Robert Yard, Cathi Smith Co Exec

Tel. (908) 359-7256 e-mail

Address 171 Penna Ave (street) Raritan (municipality) 08822 (zip code)

Contractor: Preferred Environmental Tel. (973) 470-4644

Address 77 Sargeant Ave, Clifton NJ 07013 e-mail

Contractor License No. or Builder Registration No. 45515802 Exp. Date

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

Federal Emp. ID No. FAX: ( )

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
UST Removal - 3 tanks
~~Replace w/ 1 above ground tank~~

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	3-29-10	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4/14/10
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			4/14/10	
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[X] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 195

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 $ 5300
3. Total (1+ 2) $

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 4/1/10

Permit # 297-10

IDENTIFICATION Block 27 Lot 36 Qualification Code

Work Site Location 171 Penna Ave Flemington NJ 08822

Owner in Fee Estate of Robert Yard

Address same

Cathy Smith Co-Exec

Tel. (908) 319 7256

Contractor Preferred Environmental

Address 177 Sargeant Ave Clifton NJ 07013

Tel. (973) 470-1044

Lic. No. or Bldrs. Reg. No. 0551980

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

3 tanks - demo / removal

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 $ 5300-

Peter Balas

Construction Official

4/1/10

Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total 195-

Check No. 1357

Cash

Collected by PC

(see reverse side)

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

1. WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

DEPARTMENT OF HEALTH
Rt. 12 COUNTY COMPLEX, BLDG. # 1, 2nd Floor
P.O. BOX 2900
FLEMINGTON, NJ 08822
www.co.hunterdon.nj.us/health.htm
908-788-1351 Fax: 908-782-7510

RECEIVED
MAR 26 2010
HUNTERDON COUNTY HEALTH DEPARTMENT

RECEIPT # 50965
Fee: $15.00

HUNTERDON COUNTY HEALTH DEPARTMENT
CONSTRUCTION PERMIT REFERRAL FORM

MUNICIPALITY: Raritan Twp BLOCK: 27 LOT: 36

OWNER'S NAME: Estate of Robert Yard / Cathie Smith Co-Executor

MAILING ADDRESS: 171 Penna Ave, Flemington, NJ 08822

WORK PHONE: 908-319-7256 HOME PHONE: 908-319-7256

FACILITY LOCATION (if different from above): _____

CONTRACTOR NAME: Preferred Environmental PHONE NUMBER: 973-470-4044

MAILING ADDRESS: 177 Sargeant Ave, Clifton NJ 07013

All proposed work must be shown on a copy of the septic design, if available, with distances from the well, septic tank and disposal field to the proposed construction. If septic design is not available, copy of survey with all the above shown is also acceptable. See numbered notes below.

When completed:
- ☐ Mail to owner
- ☐ Mail to contractor
- ☒ Hold for pick-up

___ **Residential - Bedroom Addition** – 2, 4 & Complete Form A

___ **Residential Building with no intent to add bedroom** – 2, 4, Complete Form A & check next line
☐ Addition ☐ Remodeling

___ **Commercial** *(other than retail food)* – 2, 4 & check next line
☐ Addition ☐ Remodeling

___ **Retail Food Establishment** – 3, 4 & check next line
☐ New ☐ Renovation

___ **Commercial Swimming Facility** – 3 & 4
☐ New Construction ☐ Alteration

X **Underground Storage Tank** – No location plan needed & check next line
☒ Removal ☐ Abandonment

___ **Demolition** – 4 & Complete Form B Replacing w/ 1 above ground tank

___ **Residential Swimming Pool** – 4 & check next line
☐ Installation ☐ Abandonment (plastic liner must be removed)

___ **Other** – 4 : _____ ☐ **Shed** – 4 ☐ **Fence** – 4 ☐ **Kennel** – 3,4

1. If there is public water or sewer connection to the structure, please mark box and show location(s) ☐
2. Drawings of existing and proposed floor plans, with all rooms labeled, must be attached to this form.
3. Architectural drawing with equipment specs must be included with form.
4. Locate distances per instructions above

Note: ***For East Amwell Township***: **well and on-site sewage connections to farm and accessory buildings will need approval from the East Amwell Township Board of Health.**

The owner and/or applicant is responsible for obtaining all other required Federal, State or Municipal approvals prior to the commencement of work under this approval, including but not limited to, NJDEP permits to conduct activities in freshwater wetlands, freshwater wetland transition areas, or flood plain jurisdictions. Failure to obtain these permits prior to conducting regulated activities within these areas may result in removal of the improvements and or the assessment of significant civil penalties.

OWNER/CONTRACTOR SIGNATURE: _____ DATE: 3/24/2010

FOR HEALTH DEPARTMENT USE:

Hunterdon County Health Department Comments: CALL WHEN READY FOR INSPECTION

☒ APPROVED ☐ REJECTED DATE: 3-29-10

Signature/Title: _____

☐ OTC ☐ MI

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

03/31/2013
EXPIRATION DATE

US519802
CERTIFICATION NUMBER

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

BLOCK 27 LOT 36 QUALIFICATION CODE _____ ADDRESS (SITE) 171 Perna Ave C27/36A PERMIT NO. 298-10

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 171 Perna Ave, Flemington NJ
2. Name of Owner in Fee: Estate of Robert Yard, Cathie Smith Co-Exec
   Tel. (908) 3199256 e-mail _____
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Preferred Environmental Tel. (973) 470-4044
   Address 177 Sergeant Ave e-mail _____
   License No. OR, if new home, Builder Reg. No. 13551980 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Cathie Smith, Co-Exec
   Tel. (908) 319-7256 FAX: ( ) _____

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 State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 48.-		

VI. BUILDING/SITE CHARACTERISTICS

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

(office use only)

00203_047042 298-10 SF 3959

IIa. PROPOSED WORK 4/1/10 owner advised of fee due

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☑ Plumbing					3-31-10	SD			
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

C. MIXED USE -List secondary use(s):

D. Construction Classification:

III. PLAN REVIEW (optional)

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

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

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

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.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 3/29/10

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

TOWNSHIP OF RARITAN
CODE ENFORCEMENT DEPT.
FLEMINGTON, NJ 08822-3446

Date Issued 04/22/10
Control #
Permit # 298-10

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 27 Lot 36 Qual
Work Site Location 171 PENNSYLVANIA AVENUE

Owner in Fee/Occupant YARD, ROBERT, ESTATE OF
Address 171 PENNSYLVANIA AVENUE
FLEMINGTON, NJ 08822-
Telephone (908) 319-7256
Contractor PREFERRED ENVIRONMENTAL
Address 177 SERGEANT AVENUE
CLIFTON, NJ 07013-
Telephone (973)470-4044 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 97-3470404

Home Warranty No.
[ ] State [ ] Private
Use Group U-
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

ABOVEGROUND OIL TANK INSTALLATION

COPY

[ ] CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ____.

Construction Official

Fee $ 0
Paid [X] Check No. 494
Collected by: LK

U.C.C. F260 (rev. 3/96)

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received Control # 4/1/10

Date Issued Permit # 298-10

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

Block 27 Lot 36 Qualification Code _____

Work Site Location 171 Peona Ave
Flemington NJ 08822

Owner in Fee Estate of Robert Yard Cathie Smith, Co-Exec

Address 171 Peona Ave, Flemington NJ 08822

Tel (908) 319-7256

Contractor Preferred Environmental

Address 177 Sergeant Ave
Clifton, NJ 07013

Tel (973) 470-4044 FAX (_____) _____

Contractor License No. 13519807

Federal Emp. No. _____

B. MECHANICAL CHARACTERISTICS

Use Group R-3, R-4 or R-5

Heating System [ ] Conversion [ ] Replacement

Fuel: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other _____

Type: [ ] Hydronic [ ] Hot Air

Estimated Cost of Mechanical Work $ 1245.00

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install above ground fuel oil tank
275 gal

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
____	Water Heater	____
____	Fuel Oil Piping	____
____	Gas Piping	____
____	Steam Boiler	____
____	Hot Water Boiler	____
____	Hot Air Furnace	____
1	Oil Tank	46-
____	LPG Tank	____
____	Fireplace	____
____	Other	____

Administrative Surcharge $ _____

Minimum Fee $ 2-

State Permit Surcharge Fee $ _____

TOTAL FEE $ 48-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

[X] No Plans Required

Joint Plan Review Required

[ ] Bldg. [ ] Plumb.

[ ] Elec. [ ] Elevator

[ ] Fire [ ] Mech.

PLANS APPROVED

Date: 3-31-10

Approved by: Daddy

SUBCODE APPROVAL

[X] CA [ ] CCO

Date: 4/15/10

Approved by: Daddy

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping	____	____	____	____
Appliance	____	____	____	____
Chimney/Vent	____	____	____	____
Oil Piping	____	____	____	____
Oil Tank	____	____	____	____
LPG Tank	____	____	____	____
Hydronic Piping	____	____	____	____
Fireplace	____	____	____	____
Chimney Cert.	____	____	____	____
Other _____	____	____	____	____

C. CERTIFICATION IN LIEU OF OATH

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

_____
Signature

U.C.C. F145 (rev. 5/03)

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received Control # 4/1/10

Date Issued Permit # 298-10

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

Block 27 Lot 31 Qualification Code _____

Work Site Location 171 [illegible]

Owner in Fee [illegible]

Address 171 [illegible]

Tel (201) 319-7751

Contractor [illegible]

Address 177 [illegible]

Tel (973) 691-4141 FAX (_____) _____

Contractor License No. [illegible]

Federal Emp. No. _____

B. MECHANICAL CHARACTERISTICS

Use Group R-3, R-4 or R-5

Heating System [ ] Conversion [ ] Replacement

Fuel: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other _____

Type: [ ] Hydronic [ ] Hot Air

Estimated Cost of Mechanical Work $ [illegible]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install (1) x 275 gal underground oil tank 275 gal

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
____	Water Heater	____
____	Fuel Oil Piping	____
____	Gas Piping	____
____	Steam Boiler	____
____	Hot Water Boiler	____
____	Hot Air Furnace	____
1	Oil Tank	110-
____	LPG Tank	____
____	Fireplace	____
____	Other	____

Administrative Surcharge $ _____

Minimum Fee $ 0-

State Permit Surcharge Fee $ _____

TOTAL FEE $ 110-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

[X] No Plans Required

Joint Plan Review Required

[ ] Bldg. [ ] Plumb.

[ ] Elec. [ ] Elevator

[ ] Fire [ ] Mech.

PLANS APPROVED

Date: 3-31-10

Approved by: [illegible]

SUBCODE APPROVAL

[ ] CA [ ] CCO

Date: _____

Approved by: _____

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping	____	____	____	____
Appliance	____	____	____	____
Chimney/Vent	____	____	____	____
Oil Piping	____	____	____	____
Oil Tank	____	____	____	____
LPG Tank	____	____	____	____
Hydronic Piping	____	____	____	____
Fireplace	____	____	____	____
Chimney Cert.	____	____	____	____
Other _____	____	____	____	____

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature

U.C.C. F145 (rev. 5/03)

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 4/1/10

Permit # 298-10

IDENTIFICATION Block 27 Lot 36 Qualification Code

Work Site Location 171 Penna Ave, Flemington NJ Contractor Preferred Environmental

Address 177 Sergeant Ave

Owner in Fee Estate of Robert Yard Cathie Smith Co-Exec Address Clifton NJ 07013

Address 171 Penna Ave Tel. (973) 470-4044

Flemington Lic. No. or Bldrs. Reg. No. US515807

Tel. (908) 319-7256

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Install 275 gal above ground fuel oil 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 $ 1245

Peter Ball

Construction Official

4/1/10

Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing 46-

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 2-

Cert. of Occupancy

Other

Total 48-

Check No. 494

Cash

Collected by RC

(see reverse side)

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

1. WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

Township of Raritan
Application for Zoning Permit
See Attached for Fees

RECEIVED
MAR 29 2010
RARITAN TWP. PLANNING DEPT.

Permit #	139-2010
Date Filed	3/29/2010

Flemington, NJ 08822
(908) 806-6100/806-8031 (fax)

Owner and Contractor Information

Owner: Estate of Robert Ford Cathi Smith, Co-Exec
Mailing Address: 171 Penna Ave
City: Flemington State: NJ Zip: 08822
Phone #: 908-319-7256 Fax #:
Contractor: Preferred Environmental
Address of Contractor: 177 Sargeant Ave
City: Clifton State: NJ Zip: 07013
Phone #: 973-470-4044 Fax #:

Construction Site Address and Information

Street Address: 171 Penna Ave Block: 27 Lot(s): 36
Development/Subdivision Name: Unit #:

Homeowners Association	☐ Yes	☒ No	*Attach copy of HOA approval for project (if HOA requires approval)*
Sewage Supply:	☐ Public Sewer	☒ Septic	***Hunterdon County Health Dept. Approval is required for most applications serviced by Septic Systems and/or on-site wells.***
Water Supply:	☐ Public Water	☒ On-Site Well	

Construction Details

(3 Copies of each plan required, See Attached For Additional Requirements)

☐ Shed/ Detached Garage	Attach plot plans (survey) drawn to scale showing location, setback from property lines, and height and size of shed.
☐ Pool	Attach plot plans (survey) drawn to scale showing location and setback from property lines of pool, patio surround or decking, and equipment.
☐ Sprinkler System	Attach plot plan (survey) drawn to scale showing location of sprinkler system. System may not extend into road right of way.
☐ Deck	Attached plot plan (survey) drawn to scale showing location of deck on property and plan showing height and size of deck.
☐ Fence	Attach plot plan (survey) drawn to scale showing location of fence. Indicate height and type of fence on form.
☐ Finish Basement	Attach floor plan and letter indicating area will not be used as a bedroom.
☐ Addition	Attach plot plans (survey) drawn to scale, floor plans, building elevations and other information as necessary (see attached).
☐ New Construction	Attach plot plans (survey) drawn to scale, floor plans, and additional information as necessary (see attached).
☐ Repair/ Alteration	Attach plot plan (survey) drawn to scale and floor plan showing extent of alteration or repair.
☐ Demolition	Attach plot plan (survey) drawn to scale showing building(s) to be demolished. Hunterdon County Health Dept. approval is required.
☒ Fuel Tank Installation	Attach plot plan (survey) drawn to scale showing location of tank (for exterior only). Indicate size of tank in gallons on form, indicate total # of gallons on site.
☐ Other	Attach plot plans (survey) drawn to scale, floor plans, and other information as necessary (please call if you have any questions).

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. Radon Inspection
5. 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.

Description of Use

☒ Residential	Present # of Dwelling Units		☐ Retail	
	Proposed # of Dwelling Units			
☐ Industrial			☐ Office	
☐ Wholesale			☐ Other	

Description of Work to Done

Install 275gal above ground fuel oil tank

I, the undersigned hereby certify that the information given herein is correct and I bind myself to comply with all ordinances pertaining to or governing the construction, repair, alteration or building or use of land, and hereby authorize any reasonable inspection of this property related to this application or the use of this property at any future time.

Applicant's Signature

3/29/2010
Date

Please be advised that any information submitted will become a public record.

Township Use Only

Comments and Conditions:

Zone: I-2	Date:	3/30/10	
☒ Approved	☐ Denied		

Peter Boell
Signature

4/2006

DEPARTMENT OF HEALTH
Rt. 12 COUNTY COMPLEX, BLDG. # 1, 2nd Floor
P.O. BOX 2900
FLEMINGTON, NJ 08822
www.co.hunterdon.nj.us/health.htm
908-788-1351 Fax: 908-782-7510

RECEIVED
MAR 26 2010
HUNTERDON COUNTY HEALTH DEPARTMENT

RECEIPT # 50965
Fee: $15.00

HUNTERDON COUNTY HEALTH DEPARTMENT
CONSTRUCTION PERMIT REFERRAL FORM

MUNICIPALITY: Raritan Twp BLOCK: 27 LOT: 36

OWNER'S NAME: Estate of Robert Yard / Cathie Smith Co-Executor

MAILING ADDRESS: 171 Penna Ave, Flemington, NJ 08822

WORK PHONE: 908-319-7256 HOME PHONE: 908-319-7256

FACILITY LOCATION (if different from above):

CONTRACTOR NAME: Preferred Environmental PHONE NUMBER: 973-470-4044

MAILING ADDRESS: 177 Sargeant Ave, Clifton NJ 07013

All proposed work must be shown on a copy of the septic design, if available, with distances from the well, septic tank and disposal field to the proposed construction. If septic design is not available, copy of survey with all the above shown is also acceptable. See numbered notes below.

When completed:
- ☐ Mail to owner
- ☐ Mail to contractor
- ☒ Hold for pick-up

___ **Residential - Bedroom Addition** – 2, 4 & Complete Form A

___ **Residential Building with no intent to add bedroom** – 2, 4, Complete Form A & check next line
☐ Addition ☐ Remodeling

___ **Commercial** *(other than retail food)* – 2, 4 & check next line
☐ Addition ☐ Remodeling

___ **Retail Food Establishment** – 3, 4 & check next line
☐ New ☐ Renovation

___ **Commercial Swimming Facility** – 3 & 4
☐ New Construction ☐ Alteration

X **Underground Storage Tank** – No location plan needed & check next line
☒ Removal ☐ Abandonment

___ **Demolition** – 4 & Complete Form B Replacing w/ 1 above ground tank

___ **Residential Swimming Pool** – 4 & check next line
☐ Installation ☐ Abandonment (plastic liner must be removed)

___ **Other** – 4 : _____ ☐ **Shed** – 4 ☐ **Fence** – 4 ☐ **Kennel** – 3,4

1. If there is public water or sewer connection to the structure, please mark box and show location(s) ☐
2. Drawings of existing and proposed floor plans, with all rooms labeled, must be attached to this form.
3. Architectural drawing with equipment specs must be included with form.
4. Locate distances per instructions above

Note: ***For East Amwell Township:*** **well and on-site sewage connections to farm and accessory buildings will need approval from the East Amwell Township Board of Health.**

The owner and/or applicant is responsible for obtaining all other required Federal, State or Municipal approvals prior to the commencement of work under this approval, including but not limited to, NJDEP permits to conduct activities in freshwater wetlands, freshwater wetland transition areas, or flood plain jurisdictions. Failure to obtain these permits prior to conducting regulated activities within these areas may result in removal of the improvements and or the assessment of significant civil penalties.

OWNER/CONTRACTOR SIGNATURE: _____ DATE: 3/24/2010

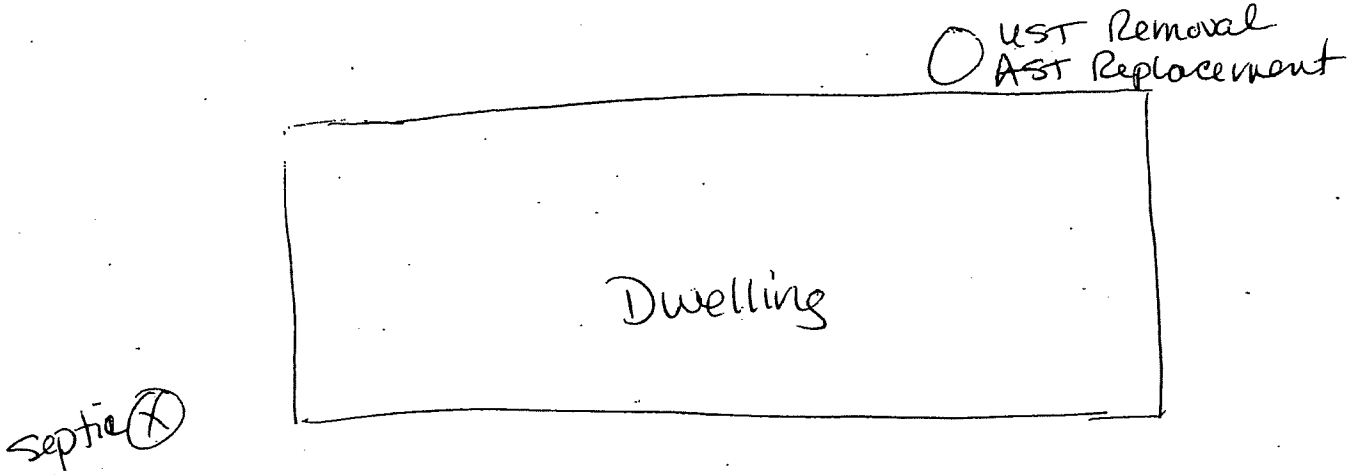
FOR HEALTH DEPARTMENT USE:

Hunterdon County Health Department Comments: CALL WHEN READY FOR INSPECTION

☒ APPROVED ☐ REJECTED DATE: 3-29-10

Signature/Title: _____

☐ OTC ☐ MI


UST Removal
AST Replacement
Dwelling
septic
well

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

03/31/2013
EXPIRATION DATE

US519802
CERTIFICATION NUMBER

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY