Borough of Clayton
Municipal Building
Clayton, NJ 08312
(856)881-5385 FAX *(856)881-9408*

Permit No. **20160109**
Control No. **9962**
Block/Lot 807/13
Date 8/19/16

Certificate of Approval

IDENTIFICATION

Block/Lot 807/13
Work Site Location 272 W CLAYTON AVE

Owner in Fee/Occupant LLJ PROPERTIES LLC
Address 1939 RT 206
SOUTHAMPTON, NJ 08088

Telephone
Contractor JPI ASSOCIATES, INC
Address 725 MARKET STREET
GLOUCESTER CITY, NJ 08030
Telephone (856)456-6500 FAX
Lic. No. or Bldrs. Reg. No. None
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-5
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

REMOVE OLD 4000 GAL UST TANK

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 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

John M. Eckler, Construction Official

Permit Fee $ 60
Paid [ ] Check No. 4379
Collected by: SAA

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

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued 3/10/16.
Permit # 16-109

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

Block 807 Lot 13 Qualification Code _____

Work Site Location Redi Mix Kenkuite Plant
272 W. Clayton Ave, Clayton, NJ 08312

Owner in Fee: L+L Redi Mix

Tel. (856) 845-2652 e-mail [redacted] bud@woodburycement.com

Address 1939 Route 206 Southampton, NJ 08088
street municipality zip code

Contractor: JPI Associates Inc. Tel. (856) 456-6520

Address 225 Market Street, Gloucester City, NJ 08030

e-mail jpiassociates@verizon.net

Contractor License No. or Builder Registration No. US01196 Exp. Date 12/31/17

Federal Emp. ID No. 22-3889602 FAX: (856) 456-6565

C. CERTIFICATION IN LIEU OF OATH

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

Sign here _____

Print name here: Jan P. Lukes

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove old gas tank previously filled with Concrete - 4000 gal UST

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] ~~All~~	3-3-16	JC
[ ] Footing/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 3-3-16
Approved by: J. Eckel

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 8-19-16
Approved by: J. Eckel

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			8-19-16	JC
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) $ 7500.00

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	$

UCC/F-110
(rev. 11/09)
Professional Printing
(856) 468-7933

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

Borough of Clayton
Municipal Building
Clayton, NJ 08312
(856)881-5385 FAX *(856)881-9408*

Permit No. **20160109**
Control No. **9962**
Block/Lot **807/13**
Applic/Issued **3/04/16** / **3/10/16**
Applic'n Issued

CONSTRUCTION PERMIT

272 W CLAYTON AVE

Owner in Fee LLJ PROPERTIES LLC
Address 1939 RT 206
SOUTHAMPTON, NJ 08088
Phone (856)845-2652 FAX

Contractor JPI ASSOCIATES, INC
Address 725 MARKET STREET
GLOUCESTER CITY, NJ 08030
Phone (856)456-6500
Bldr Reg#/Fed ID None /

Applicant is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☒ DEMOLITION ☐ OTHER
- ☐ ELECTRIC ☐ FIRE ☐ ASBESTOS ABATEMENT ☐ ONGOING -
- ☐ ELEVATOR ☐ MECHANICAL ☐ LEAD HAZARD ABATEMENT

Description of Work

REMOVE OLD 4000 GAL UST TANK

NOTE: If construction does not commence within one(1) year of issuance or if construction ceases for a period of six (6) months, this permit is void

Estimated cost of work $7,500

Construction Official _____
John M. Eckler

PAYMENTS (Office use only) *

Building	$60
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Mechanical/Other	0
DCA Training Fee	0
Certificate of Occupancy	0
Other	0
Total	$60
Check No.	4379
Cash	$60
Collected by	SAA

Total Administrative Fee: $0

JPIASSOCIATES
Version 5.11 ID: 598972
Facility Name: REDY MIXT KONKRETE CLAYTON PLANT Help | My Workspace | Logout

-->

New Jersey Department of Environmental Protection
Division of Remediation Support
Bureau of Risk Management, Initial Notice and Case Assignment
PO Box 435
Trenton, NJ 08625-0435
(609)633-0708

CLOSURE - Notice of Intent
Underground Storage Tank System

DEP Received Date: 02/15/2016
Earliest Start of Work Date: 02/29/2016
Expiration Date: 02/15/2017

TMS #: N16-0578
Activity #: UCL160001

Facility ID: 598972

Facility Name:
REDY MIXT KONKRETE CLAYTON PLANT

Facility Address:
272 W CLAYTON AVE
Clayton Boro
Gloucester County

Decommission, close and conduct a site investigation for the UST(s) and all associated piping specified in this approval in accordance with the Technical Requirements for Site Remediation, N.J.A.C. 7:26E.

The management of any excavated soils must follow the requirements listed in N.J.A.C. 7:14B-8.2.

Note: The UNDERGROUND STORAGE TANK SERVICES CERTIFICATION ACT, N.J.S.A. 58:10A-24, requires all services performed on an UST system for the purpose of complying with P.L.1986, c.102 to be performed by or under the immediate on-site supervision of a person certified by the Department for that service. The certified person providing that service must be employed by a business that is also certified by the Department for that service.

Contact Person: Jan P Ilves

Telephone #: (856) 456-6500

This Permit must be displayed at the Site during the Approved Activity and must be made available for inspections at all times.

The above listed facility is hereby granted approval to perform the attached activities in accordance with N.J.A.C. 7:14b-1 et. seq..

22657008

Rafael Rivera, Supervisor
Bureau of Risk Management, Initial
Notice and Case Assignment

TMS #: N16-0578 **Facility ID:** 598972

The closure of the following:

Tank No.	Length of Piping (ft)	Tank Size (gallons)	Tank Contents
0001	1-15	4000	Unleaded Gasoline

Return

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Certifies That

JPI ASSOCIATES INC
725 MARKET ST
Gloucester City, NJ 08030

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
SUBSURFACE EVALUATION

12/31/2017
EXPIRATION DATE

US01196
CERTIFICATION NUMBER

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

OP ID: LP

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/18/2015

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 Wortley/Poole Professional,Ltd 1 Penn Center 1617 JFK Boulevard, Suite 880 Philadelphia, PA 19103 Paul J. Lucci	CONTACT NAME: Paul Lucci PHONE (A/C, No, Ext): 215-564-6971 FAX (A/C, No): 215-564-6975 E-MAIL ADDRESS: plucci@wortleypoole.com PRODUCER CUSTOMER ID #: JPILV-1
INSURED JPI Associates, Inc. J.P. Ives, P.G. 725 Market Street Gloucester, NJ 08030	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : ROCKHILL INS. CO. INSURER B : Hartford Casualty Insurance Co — 29424 INSURER C : INSURER D : INSURER E : INSURER F :

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Contractors Pollution Liab GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC			ENVP007182-02 ENVP007182-02	12/01/2014 12/01/2014	12/01/2015 12/01/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Pollution	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (PER ACCIDENT)	$ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			39 WBC CB2984	09/18/2015	09/18/2016	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000
A	Professional Liability			ENVP007182-02	12/01/2014	12/01/2015	Ea Claim Ann Agg	1,000,000 2,000,000

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

For professional liability coverage, the aggregate limit is the total insurance available for all covered claims presented within the policy period. The limit will be reduced by payments of indemnity and expenses.
Ref: For Proposal Purposes Only.

CERTIFICATE HOLDER

JPI Associates, Inc.
725 Market Street
Gloucester, NJ 08030

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