BLOCK 43.02 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 24 Poole Ave. PERMIT NO. 171-2013

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 24 POOLE AVENUE
2. Name of Owner in Fee: ROBERT BELLETIER
   Tel. [redacted] e-mail [redacted]
   Address 24 POOLE AVENUE (street) Avon by the Sea (municipality) NJ (zip code) 07717
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: LYNX WASTE + RECYCLING SOLS. INC.
   Address 205 16TH AVE. LAKE COMO, NJ. 07719
   License No. OR, if new home, Builder Reg. No. [redacted] Date A-901
   Home Improvement Contractor Registration No. [redacted] Exemption Reason (if applicable) 12/31/13
   Federal Emp. ID No. [redacted] FAX: [redacted]
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun RICHARD S. WADE JR.
   Tel. [redacted] FAX: [redacted]

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	$		

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 ____

4612

00297_058087 SF 171-2013

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									
☐ 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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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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.

(X) Check if contractor.

Agent Name LYNX WASTE & RECYCLING SOLS. INC.
Address 105 16TH AVE
LAKE COMO, N.J. 07719
Telephone [redacted]
Signature Richard S. Hyde Jr.

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

BOROUGH OF AVON
301 MAIN STREET
AVON, NJ 07717

Date Issued 08/27/14
Control #
Permit # 171-2013

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 43.02 Lot 4 Qual

Work Site Location 24 POOLE AVE.

Owner in Fee/Occupant BELLETIER, ROBERT & LYNN
Address 24 POOLE AVENUE
AVON, NJ 07717-
Telephone [redacted]
Contractor LYNX WASTE & RECYCLING
Address 205 16TH AVENUE
LAKE COMO, NJ 07719-
Telephone [redacted] Fax ( ) -
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted]

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

DEMOLITION SINGLE FAMILY

[ ] 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 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

[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.

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

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

[ ] TEMPORARY CERTIFICATE OF 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 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
Paid [X] Check No. 1008
Collected by: SS

Construction Official

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 6-21-2013

Permit # 171-2013

IDENTIFICATION Block 43.02 Lot 4 Qualification Code

Work Site Location 24 Poole Avenue Ave by the Sea, NJ 07717

Owner in Fee ROBERT BELLETIER

Address 24 Poole Avenue Ave by the Sea, NJ 07717

Tel. ([redacted]

Contractor HMH WASTE & RECYCLING INC.

Address 703 16TH AVE LAKE COMO, N.J. 07719

Tel. [redacted]

Lic. No. or Bldrs/ Reg. No. [redacted] A901 12/31/13

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:

DEMO SINGLE FAMILY DWELLING

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 $ 4,800.00

Construction Official

6/20/13
Date

PAYMENTS (Office Use Only)

Building _____

Electrical _____

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other Demo - 65

DCA State Permit Fee ~~13~~

Cert. of Occupancy _____

Other _____

Total _____

Check No. 1008

Cash _____

Collected by SS

(see reverse side)

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

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

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.

13 Vol. 65

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 6-21-2013

Permit # 171-2013

IDENTIFICATION Block 1.43.02 Lot 4 Qualification Code

Work Site Location 24 Doole Avenue Ave by the Sea, NJ 07717

Owner in Fee ROBERT BELLETIERI

Address 24 Doole Avenue Ave by the Sea NJ 07717

Tel. [redacted]

Contractor JAMY WASTE & RECYCLING INC.

Address 705 16th AVE WALL TOWNSHIP, N.J. 07719

Tel. [redacted]

Lic. No. or Bldrs' Reg. No. [redacted] 12/31/13

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:

DEMO SINGLE FAMILY DWELLING

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 $ 7,800.00

Construction Official

6/20/13
Date

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other Demo - 65
DCA State Permit Fee ~~1.50~~
Cert. of Occupancy _____
Other _____
Total _____
Check No. 1008
Cash _____
Collected by SJ

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

(see reverse side)

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

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

Date Received 6/13/13
Control #
Date Issued 6-21-13 CM
Permit # 171-2013

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

Block 43.02 Lot 4 Qualification Code
Work Site Location 24 POOLE AVE. AVON, N.J. 07717
Owner in Fee: ROBERT BELLETTIER
Tel. [redacted] e-mail [redacted]
Address 24 POOLE AVE. AVON 07717
Contractor LYNX WASTE + RECYCLING INC. [redacted]
Address 205 16TH AVE. LAKE COMO, N.J. 07719
Contractor License No. or Builder Registration No. [redacted] A-901 12/31/13
Home Improvement Contractor Registration No. or [redacted]
Federal Emp. ID No. [redacted] FAX: [redacted]

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.

Sign here: Richard S. Doyle Jr.
Print name here: RICHARD S. DOYLE JR.

TECHNICAL SITE DATA

DESCRIPTION OF WORK
DEMOLITION, REMOVAL, AND DISPOSAL OF 1-SINGLE FAMILY DWELLING
PARTIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 7/25/13
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			7/25/13	RSC
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-3
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 15 ft.
Area — Largest Floor 1,200 sq. ft.
New Bldg. Area/All Floors 1,200 sq. ft.
Volume of New Structure 18,000 cu. ft.
Max. Live Load
Max. Occupancy Load

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1 + 2) $ 7,800.00

(1) DEMO.

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)
$ 65
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 13
TOTAL FEE $

U.C.C. F110 (rev. 4/12)

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7/25/13 RJC

PARTIAL DEMOLITION - MAIN DWELLING

FOUNDATION NOT REMOVED.

2 STORY GARAGE APT. NOT REMOVED.

LYNX
WASTE AND RECYCLING SOLUTIONS, INC.

P.O. BOX 188, SPRING LAKE, NJ 07762-0188
PHONE 732-681-5969 (LYNX) | FAX 732-681-5990

July 22, 2013

Borough of Avon-By-The-Sea
Building Dept.
301 Main St.
Avon, NJ 07719
Re: 24 Poole Ave., Facility Tickets

To Whom It May Concern:
Following is a list of facility tickets representing the removal and disposal of demolition debris produced from the demolition of 24 Poole Ave., Avon-By-The-Sea. All debris was transported to Mazza & Sons, Inc., 3230 Shafto Rd., Tinton Falls, NJ.

June 28		
Ticket #02-666319	10.29 Tons	Concrete Debris
June 29		
Ticket #01-156814	6.34 Tons	Demolition Debris
July 1		
Ticket #01-156871	6.71 Tons	Demolition Debris
Ticket #02-666641	6.26 Tons	Demolition Debris
Ticket #02-666753	6.92 Tons	Concrete Debris
Ticket #01-156976	4.34 Tons	Demolition Debris

Copies of facility tickets are attached.

If you have any questions regarding this material list please feel free to contact this office.

[redacted]

Thank You
Richard S. Hyde Jr.

Richard S. Hyde Jr.

MAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD,TINTON FALLS,NJ

Weighed: Mike Toffel
Deposit: Mike Toffel
BILL TO: 3888
LYNX WASTE & RECCYLING INC

Vehicle ID: XJ523W
Reference: 40

Origin: AVON-BY-THE-SEA, MON
DATE IN: 06/29/2013 TIME IN: 08:15:02
DATE OUT: 06/29/2013 TIME OUT: 08:33:46

INBOUND TICKET Number: 01-156814

SCALE 1 GROSS WT.	49380	LB
SCALE 1 TARE WT.	36700	LB
NET WEIGHT	12680	LB

Qty	Description	Amount
6.34	Bulky Waste	475.50

RE TAX	19.02
NET CHARGE AMOUNT:	494.52
CREDIT REMAINING:	-2636.09

X P. Kelly
Poole Ave
Avon

6/01/13

MAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD,TINTON FALLS,NJ

Weighed: JIM WEIMER
BILL TO: 3888
LYNX WASTE & RECCYLING INC

Vehicle ID: 20 LYN
Reference:

Origin: AVON-BY-THE-SEA, MON
DATE IN: 06/28/2013 TIME IN: 15:31:07
DATE OUT: 06/28/2013 TIME OUT: 15:31:07

INBOUND TICKET Number: 02-666319

SCALE 2 GROSS WT.	46580	LB
STORED TARE WT.	26000	LB
NET WEIGHT	20580	LB

Qty	Description	Amount
10.29	CONCRETE	61.74

NET CHARGE AMOUNT:	61.74
CREDIT REMAINING:	-518.75

X P. Kelly
Poole Ave
Avon

#20

Avon 4/20

Weighed: Mike Toffel
Deposit: Mike Toffel
BILL TO: 3888
LYNX WASTE & RECCYLING INC

Vehicle ID: XV155E
Reference: 40

Origin: AVON-BY-THE-SEA, MON
DATE IN: 07/01/2013 TIME IN: 07:07:00
DATE OUT: 07/01/2013 TIME OUT: 07:10:56

INBOUND TICKET Number: 01-156871

MANUAL GROSS WT.	49860	LB
SCALE 1 TARE WT.	36440	LB
NET WEIGHT	13420	LB

Qty	Description	Amount
6.71	Bulky Waste	503.25

RE TAX	20.13
NET CHARGE AMOUNT:	523.38
CREDIT REMAINING:	-2008.85

X

MAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD,TINTON FALLS,NJ

Weighed: Sarah French
Deposit: JIM WEIMER
BILL TO: 3888
LYNX WASTE & RECCYLING INC

Vehicle ID: XJ523W
Reference: 40 YDS

Origin: AVON-BY-THE-SEA, MON
DATE IN: 07/01/2013 TIME IN: 09:12:14
DATE OUT: 07/01/2013 TIME OUT: 09:21:13

INBOUND TICKET Number: 02-666641

MANUAL GROSS WT.	49160	LB
SCALE 3 TARE WT.	36640	LB
NET WEIGHT	12520	LB

Qty	Description	Amount
6.26	CONSTRUCTION & DEMOL	469.30

ENVIRO FEE	18.73
NET CHARGE AMOUNT:	488.28
CREDIT REMAINING:	-1973.75

P. Kelly
Poole Ave
Avon
40yd

MAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD,TINTON FALLS,NJ

Weighed: JIM WEIMER
BILL TO: 3888
LYNX WASTE & RECCYLING INC

Vehicle ID: 7 LYN
Reference:

Origin: AVON-BY-THE-SEA, MON
DATE IN: 07/01/2013 TIME IN: 12:45:54
DATE OUT: 07/01/2013 TIME OUT: 12:45:54

INBOUND TICKET Number: 02-666753

SCALE 2 GROSS WT.	39840	LB
STORED TARE WT.	26000	LB
NET WEIGHT	13840	LB

Qty	Description	Amount
6.92	CONCRETE	41.52

NET CHARGE AMOUNT:	41.52
CREDIT REMAINING:	-2215.73

X Poole Ave.

MAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD,TINTON FALLS,NJ

Weighed: Mike Toffel
Deposit: Mike Toffel
BILL TO: 3888
LYNX WASTE & RECCYLING INC

Vehicle ID: XJ523W
Reference: 40

Origin: AVON-BY-THE-SEA, MON
DATE IN: 07/01/2013 TIME IN: 14:54:28
DATE OUT: 07/01/2013 TIME OUT: 15:09:02

INBOUND TICKET Number: 01-156976

SCALE 1 GROSS WT.	45380	LB
SCALE 1 TARE WT.	36700	LB
NET WEIGHT	8680	LB

Qty	Description	Amount
4.34	Bulky Waste	325.50

RE TAX	13.02
NET CHARGE AMOUNT:	338.52
CREDIT REMAINING:	-2406.65

X P. Kelly
Poole Ave
Avon
40yd

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 6/13/13
Control #
Date Issued 6-21-13
Permit # 171-2013

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

Block 43.02 Lot 4 Qualification Code
Work Site Location 24 POOLE AVE. AVON, N.J. 07717
Owner in Fee: ROBERT BELLETTIER
Tel. [redacted] e-mail [redacted]
Address 24 POOLE AVE. AVON 07717
(street) (municipality)
Contractor LYNX WASTE + RECYCLING INC. Tel. [redacted]
Address 905 16TH AVE. LAKE COMO, N.J. 07719
Contractor License No. or Builder Registration No. N.J.D.E.P. #29155 Exp. Date A-901, 13VH05652500 12/31/13
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 20-3824994 FAX: [redacted]

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.

Sign here: Richard S. Roselli Jr.
Print name here: RICHARD S. ROSELLI JR.

TECHNICAL SITE DATA

DESCRIPTION OF WORK
DEMOLITION, REMOVAL, AND DISPOSAL OF 1-SINGLE FAMILY DWELLING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[✓] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) 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				
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) $ 4/DEMO. 7,800.00

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)
$ 65—
Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ 13—
TOTAL FEE $ _____

U.C.C. F110 (rev. 4/09)

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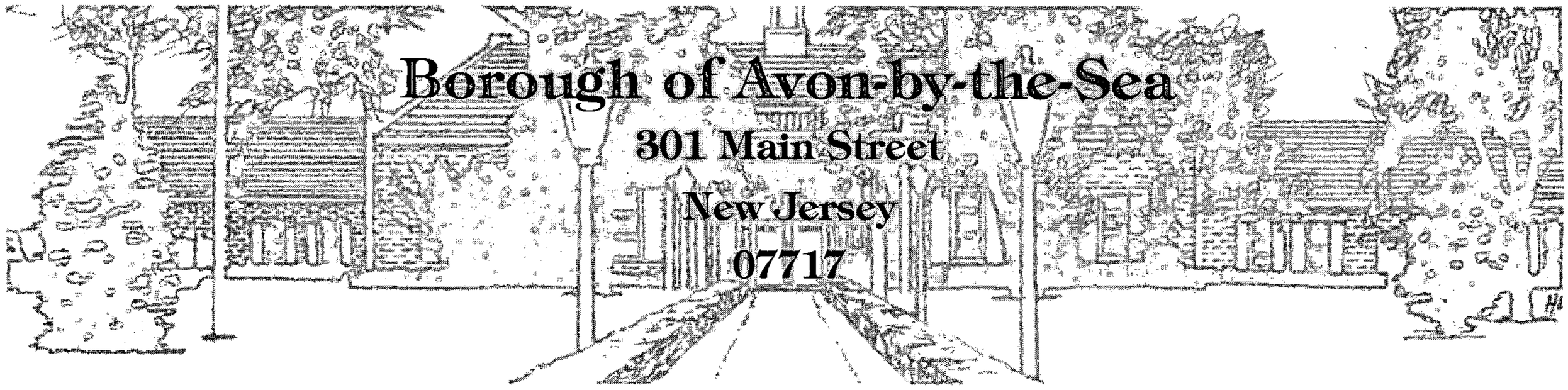


ROBERT MAHON, MAYOR
DIRECTOR OF REVENUE & FINANCE

FRANCIS E. GORMAN, COMMISSIONER
DIRECTOR OF PUBLIC AFFAIRS & SAFETY

ROBERT P. MCGOVERN, COMMISSIONER
DIRECTOR OF PUBLIC WORKS

PHONE 732-502-4510

FAX 732-774-0605

E-MAIL avonboro@aol.com

WEB www.avonbytheseanj.com

TIMOTHY M. GALLAGHER, RMC
BOROUGH CLERK/ADMINISTRATOR

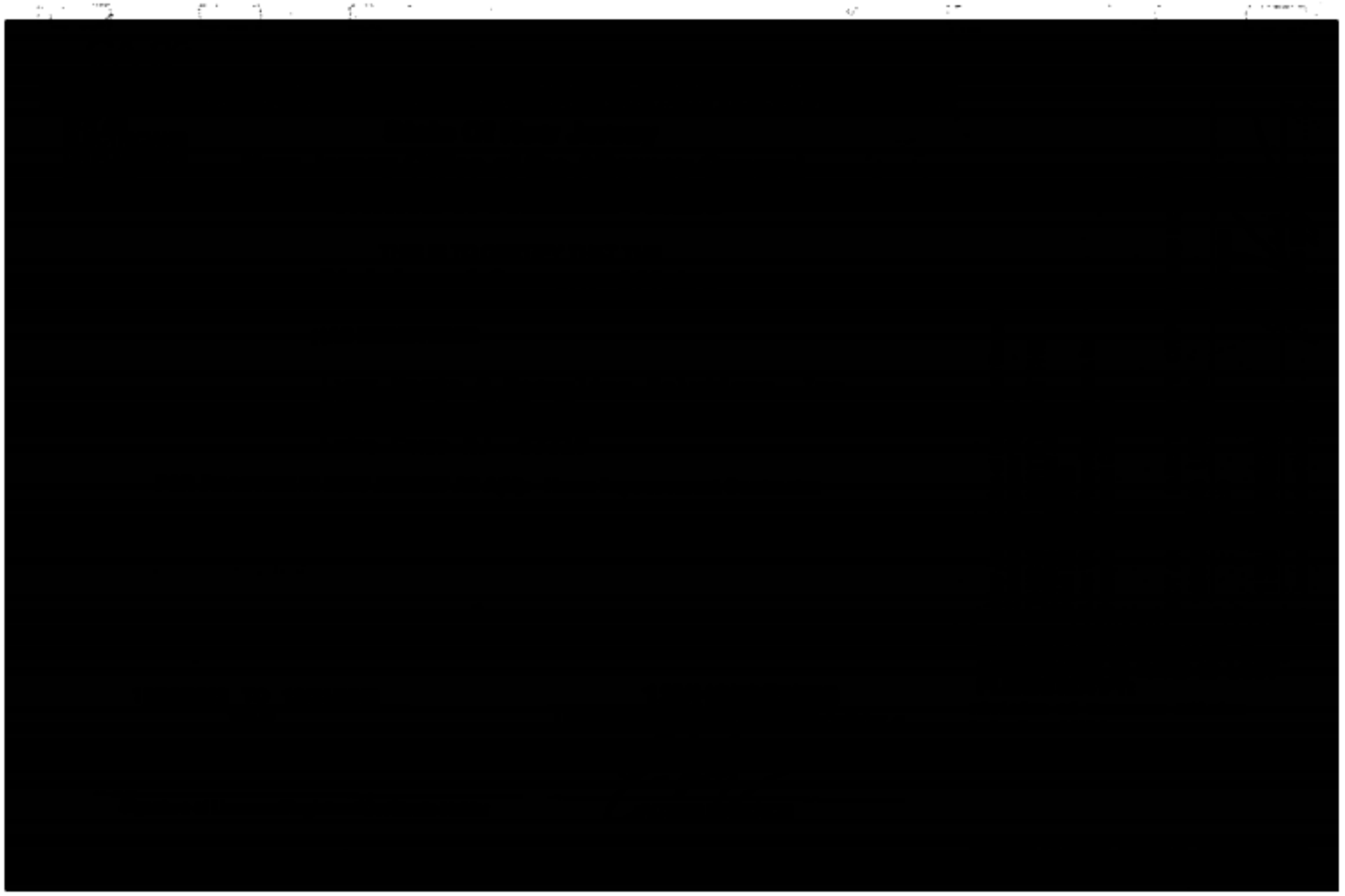
DATE: May 23, 2013

TO: Paul Orlando, Construction Official

FROM: Karl Klug, Water Superintendent

RE: 24 Poole Avenue - ino Belletier
Block 43.02 Lot 4
Water/Sewer Disconnected for Demolition

Please be advised the water/sewer was disconnected for demolition on May 3, 2013.



New Jersey
Natural Gas

June 7, 2013

Ms. Lynn Belltier
24 Poole Avenue
Avon, NJ 07717
Fax: 732-933-9161

Re: Gas Facility Removal Demolition Request
24 Poole Avenue, Avon

Dear Ms. Belltier,

Per your request, New Jersey Natural Gas Company has investigated the above referenced property for the presence of natural gas facilities. The facilities (if any) have been permanently retired at the main, which may be in the road or behind the curb.

************IMPORTANT************
PLEASE READ CAREFULLY

SHOULD YOU REQUIRE GAS SERVICE RESTORED, PLEASE FOLLOW THE DIRECTIONS BELOW:

1. Call 1-800-221-0051, a minimum of 6 weeks prior to the estimated reconnection date. This is necessary for us to obtain permits required to restore your service.

2. When you call, ask to speak to a MARKETING REPRESENTATIVE, who will assist you to have a new gas service line run.

3. Please be advised that the new service line must be installed according to the current company installation standards.

NEW JERSEY NATURAL GAS COMPANY
1420 Wyckoff Road
Wall, New Jersey 07719

c. File - Operations Dept.

Jersey Central
Power & Light
A FirstEnergy Company

201 Monmouth Rd.
W. Long Branch, NJ 07764

May 24, 2013

Customer
30 D Main St.
Avon, NJ 07717

Dear Customer:

This letter confirms that JCP&L has performed a field inspection of the property at the location listed below and determined that the meter and service wires have been removed.

24 Poole Ave.
Avon, NJ 07717

This notification is effective as of the above date, and certifies that the referenced property is now electrically safe for demolition.

Sincerely,

Barry Bostick
Project Supervisor

GUARDIAN CONTRACTING, INC.
1889 ROUTE 9, SUITE 61
TOMS RIVER, NEW JERSEY 08755-1271
TEL: 732-349-9932 ◈ FAX: 732-557-0984
ASBESTOS LICENSE # 00624

May 21, 2013

Lynn Belletier
24 Poole Avenue
Avon By The Sea, NJ 07717

RE: Asbestos Abatement – 24 Poole Avenue Avon By The Sea

Dear Ms. Belletier:

Pursuant to our recent site visit, no asbestos was found on the house.

Very truly yours,

Nicholas Fernicola
Project Manager

NF/sm

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**		
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. _____	_____	_____	_____	_____

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