BLOCK 1422.19 LOT 17 QUALIFICATION CODE .. ADDRESS (SITE) 725 Paramount Way PERMIT NO. 06-0840

mail IN

CONSTRUCTION PERMIT APPLICATION

C06-100350

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

I. IDENTIFICATION

1. Proposed Work Site at 725 Paramount Way
2. Name of Owner in Fee: Rob Russo
   Tel. [redacted] e-mail
   Address same (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Disposal Systems Inc Tel. (609) 259-6340
   Address P.O. Box 6696 e-mail
   License No. OR, if new home, Builder Reg. No. NJDEPS-8158 Exp. Date 10/07
   Federal Employee No. 222363868 FAX: (609) 259-2407
5. Architect or Engineer N/A Contact
   Address e-mail
   Tel. ( ) FAX: ( )
6. Responsible Person in Charge once Work has Begun Ralph Musgrave
   Tel. (609) 259-6340 FAX: (609) 259-2407

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection		70	
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	$	70	

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.	Construction Classification	
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ft.	
10.	Wetlands yes / no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

OPTIONAL (for office use only)

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection					3-27-06	DB	5/10/06		
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	1200.00								

Remove (1) 290 gallon #2 Oil UST

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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

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
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR-B 10427691

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. 5:23-2.15(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.

(Y) Check if contractor.

Agent Name Disposal Systems Inc
Address P.O. Box 6696
Freehold NJ 07728
Telephone (609) 259-6340
Signature Cindy Conner

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			
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. _____	_____	_____	_____	_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	05/12/2006
Tracking Number	C-06-100350
Permit Number	06-0840
Permit Issue Date	03/29/2006

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 725 PARAMOUNT WAY Brick Township, NJ Block: 1422.19 Lot: 17 Qual:

Owner in Fee: RUSSO, ROBERT S & ROXANNA J

Owner Address: 725 PARAMOUNT WAY BRICK NJ 08724

Telephone: [redacted]

Contractor DISPOSAL SYSTEMS INC

Address P O BOX 6696 FREEHOLD NJ 07728-

Telephone: 609/259-6340 Fax: (609) 259-2407

License Number or Builders Registration Number: 8158NJDEP Federal Emp. Number: 22-2363868

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

TANK REMOVAL ACTUAL JOB COST $1200.00 REMOVE ONE 290 GALLON #2 OIL UST

Certificate Comments:

☐ **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.

☐ **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 Compliance**

The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00

Check Number: 4627

Collected By: Ann Marie Hanlon

Date Printed: 05/12/2006

CONSTRUCTION PERMIT

Date Issued 03/29/2006
Control # C-06-100350
Permit # 06-0840

IDENTIFICATION Block: 1422.19 Lot: 17 Qualifier
Work Site Location: 725 PARAMOUNT WAY Brick Township, NJ
Owner in Fee RUSSO, ROBERT S & ROXANNA J
Address 725 PARAMOUNT WAY BRICK NJ 08724
Telephone: [redacted]

Contractor DISPOSAL SYSTEMS INC
Address P O BOX 6696 FREEHOLD NJ 07728-
Telephone: 609/259-6340
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-2363868

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:

TANK REMOVAL ACTUAL JOB COST $1200.00 REMOVE ONE 290 GALLON #2 OIL UST

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $300

Construction Official — Date 03/29/2006

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$70
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$70
Check No.	4627
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

U.C.C. F170
equiv (rev 8/03)
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 the 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 granted.

☐ 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 cases 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, 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.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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.

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3/29/06
Control #
Date Issued
Permit # 06-0840

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

Block 1422.19 Lot 17 Qualification Code
Work Site Location 725 Paramount Way Brick
Owner in Fee Rob Russo
Address Same
Tel [redacted]
Contractor Disposal Systems Inc.
Address P.O. Box 6696 Freehold NJ 07728
Tel (609) 259-6340 FAX (609) 259-2407
Fire Protection Equipment, NJ Div of Fire Safety Permit No. NJDEPS-8158
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No. 222363868

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing
Constr. Class: Present ____ Proposed ____ Location of Panel: ____
Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing
[ ] Other ____ Location of Main Control Valve: ____
Location: ____

Fuel Storage Tank:
Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity* ____

Total Cost of Fire Protection Work $ 1200.00

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. Corey Comber
Applicant's Signature/Contractor's Signature
[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:
Remove (1) 290gallon #2 oil UST

Water Supply Source ____
Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other ____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other ____		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 3-27-06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 3-27-06
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			5-10-06	
Other Final	4-17-06		5-10-06	

Cancelled

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

Disposal Systems Inc.

P.O. Box 6696 ❖ Freehold, New Jersey 07728

Phone: (609) 259-6340
Fax: (609) 259-2407
E-mail: dispsysinc@aol.com

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
Attn: Construction Dept.

May 1, 2006
RE: Removal of (1) 550 gallon UST
Name: Bob Russo
Site: 725 Paramount Way
Permit # 06-0840

To Whom It May Concern:

Disposal Systems Inc. excavated, cut, cleaned and removed (1) 550 gallon heating oil underground storage tank from the above-mentioned property on April 19, 2006.

The tank was inspected by an official from Brick Township's Construction Dept., no visible holes were seen in the tank and no visible soil contamination was evident therefore DSI was given approval to backfill the excavation.

Enclosed, please find, a copy of the bill of lading for the oil and sludge that was pumped from the tank and disposed of at Clean Water, Staten Island, NY and a copy of the tank's scrap receipt from A&A Iron & Metals, Freehold, NJ.

I trust this is the information you require to close out this permit.

Yours truly,

April G. Musgrave
DSI Office Manager

Enclosures

Originals to: Bob Russo
725 Paramount Way
Brick, NJ 08724

1422.19 / 17

STRAIGHT BILL OF LADING– SHORT FORM

ORIGINAL – NOT NEGOTIABLE

Shipper's No. _____

~~Carrier's~~ Name: Russo

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading.

at 725 Paramount Way (Date) 4-19-06 FROM Brick N.J.

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own railroad, water line, highway route or routes, or within the territory of its highway operations, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in the Uniform Freight Classification in effect on the date hereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

(Mail or street address for purposes of notification only.)

Consigned TO Disposal Systems Inc.

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination Rte. 526 Street Imlaystown City

Monmouth County N.J. State 08526 Zip

Route _____ Delivery Address ★ Same

(★To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier DSI Car or Vehicle Initials and No. 34

Collect on Delivery $ _____ And Remit to _____

_____ Street _____ City _____ State

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor.)

C. O. D. Charges to be Paid by
☐ Shipper ☒ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
1		T/T 26 gallon Petroleum			
		Material Liquid NOS	ID#72		
		NON-DOT NON-RCRA			
		NJDEPS#158-1338			
24	hr	#1-609-259-6340			

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.
NOTE — Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

Received $ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$ _____

† "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification."

† Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

Robert Russo Shipper, Per _____ _____ Agent

Permanent post-office address of shipper.

Per

1

725 Paramount

For Information Call: 260-4624

Permit No. 06-0840

1402.19
17

APPROVAL FOR FIRE PROTECTION

	Date	Inspector
[ ] Sprinklers		
[ ] Standpipes		
[ ] Special Supp.		
[ ] Alarm		
[ ] Mechanical		
[ ] Other final Review	4-6-06	OK.
[ ] Final	need sprinkler/final receipts.	

U.C.C. Form F-224A PRO 117

Weigh Ticket No 38717

A & A IRON & METALS
80 Hendrickson Rd.
Freehold, NJ 07728
(732) 780-4962

☐ DRIVER IN TRUCK

☐ DRIVER NOT IN TRUCK

05:09 PM 04/27/06
G+052440 lb
OT+000000 lb
ON+052440 lb

THANK YOU

05:25 PM 04/27/06
G+045700 lb
OT+000000 lb
ON+045700 lb

6740 lb

300.89

100 67

Commodity MIX

Customer Name DSI

Address

Vehicle Title - Yes ☐ No ☐

Remarks

Signature Brian Kuhl Date 1 May 06

Weighmaster's Signature Date 4/28/06

Driver's signature above certifies legal ownership of material being sold and transfers ownership of said materials to A & A Iron & Metals

Bldg Elect (Fire) Plumbing (Please mark subcode)

CONTROL NUMBER C06-100350

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 725 Paramount Way

DATE REVIEWED: 3/24/06

REVIEWED BY: R. Orkado

CONTACT CALLED/FAXED: Spoke with April - forced tank abatement form 3/24/06 0900 hours

TANK ABATEMENT OR ASBESTOS NOTIFICATION

DATE: 3/24/06

PROJECT: Rob Russo - Remove (1) 290 gal UST

STREET: 725 Paramount Way

CONTRACTOR: Disposal Systems LICENSE NO. NJDEPS-8158

ADDRESS: Po 6696 Freehold NJ 07728

A.S.C.M.: _____ LICENSE NO. _____

MAILING ADDRESS: _____

OSHA AIR MONITOR: NO

ADDRESS: _____

BUILDING OWNER: Rob Russo

MAILING ADDRESS: 725 Paramount Way

Brick, NJ 08724 PHONE: [redacted]

ENGINEER/ARCHITECT: N/A

MAILING ADDRESS: _____

_____ PHONE: _____

WASTE HAULER: N/A LICENSE NO.: _____

LAND FILL: N/A

TOWN: N/A

JOB SIZE: (circle one) MINOR____ SMALL ✓ LARGE____

QUANITY OF WASTE GENERATED: CU YARDS _____

LINEAR FOOTAGE: _____

SQUARE FOOTGAE: _____

PROPOSED START DATE: _____ PROPOSED FINISH DATE: _____

COST OF WORK: $ 1200.00

CONSTRUCTION PERMIT # _____ DATE: _____