BLOCK 532 LOT 32 QUALIFICATION CODE _____ ADDRESS (SITE) 508 central Ave PERMIT NO. 09-2078

CONSTRUCTION PERMIT APPLICATION

C09-002867

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

I. IDENTIFICATION

1. Proposed Work Site at: 508 Central Ave, BRICK
2. Name of Owner in Fee: The MONTANARO
   Tel. [redacted] e-mail _____
   Address 508 Central Ave, BRICK (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: HYdroscience Tel. (732) 3499692
   Address PO Box 4978, TR e-mail _____
   License No. OR, if new home, Builder Reg. No. 13VH00981900 Exp. Date 12/31/09
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-3207567 FAX (732) 3499729
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Joan Agnello
   Tel. (732) 3499692 FAX: (732) 3499729

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		70 -	
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 ____

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					8/19	BS			
☐ Elevator									
TOTAL COST	500.00								

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

U.C.C. F100-1 (rev. 3/07)

Called 8/14/09

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 _____

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 _____

Address Hydroscience, INC.
PO Box 4978
Toms River NJ 08754

Telephone (732) 349 9692

Signature _____

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

CONSTRUCTION PERMIT

Date Issued 8-26-09
Control # C-09-002867
Permit # 04-2018

IDENTIFICATION Block: 532 Lot: 32 Qualifier
Work Site Location: 508 CENTRAL AVE Brick Township, NJ
Owner in Fee: Joe Montanaro
508 CENTRAL AVE BRICK NJ 08724
Telephone: [redacted]

Contractor: HYDROSCIENCE, INC
Address: PO BOX 4978 TOMS RIVER NJ 08754-
Telephone: (732) 349-9692
Lic. No. or Bldrs. Reg. No. 13VH00981900
Federal Employee. No. 22-3207567

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 500.00 Actual Cost

Note: If constuction 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 $300

Construction Official — Date 8-26-09

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.	2916
Cash	$0
Credit	$0
Collected By	

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.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/24/2009
Control Number C-09-002867
Permit Number 09-2078
Permit Issue Date 08/26/2009
Certificate Number 09-2078

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 508 CENTRAL AVE Brick Township, NJ Block: 532 Lot: 32 Qual:

Owner In Fee: Joe Montanaro

Owner Address: 508 CENTRAL AVE BRICK NJ 08724

Telephone: [redacted]

Contractor HYDROSCIENCE, INC

Address PO BOX 4978 TOMS RIVER NJ 08754-

Telephone: (732) 349-9692 Fax:

License Number or Builders Registration Number: 13VH00981900 Federal Emp. Number: 22-3207567

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 500.00 Actual Cost

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:
Collected By:

Date Printed: 09/24/2009 U.C.C. F260 (rev. 08/05)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 09-2078

Date Issued / Permit # 8-26-09

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

Block 532 Lot 32 Qualification Code

Work Site Location 508 CENTRAL AVE BRICK, NJ 08723

Owner in Fee: JOE MORITANARO - JSGS Properties [redacted]

Address 500 CENTRAL AVE, BRICK, NJ (street, municipality, zip code)

Contractor: HYDROSCIENCE, INC Tel. (732) 349 9692

Address PO BOX 4978, TR e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Federal Emp. No. 22-3207567 FAX: (732) 349 9692

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____

Constr. Class: Present ____ Proposed ____

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other

Location:

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity*

Total Cost of Fire Protection Work $ 500.00

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. Sonya M Opalko
Applicant's Signature/Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Removed 275 g AST

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	1	70
Fireplace Venting/Metal Chimney		
Other ~~AST~~ removed		

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: 8/31/09

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 9-2-09

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
ICO				
Flam/Combust Tanks				
Fireplace Venting				
Final	9/2/09		9/2/09	DB
Other AST removed	9/		9/2/09	DB

U.C.C. F14 (rev. 5/05)

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

Reorder From OCS Printing (609) 398-4375

Visual ok

9/23/09 need sludge / tank removal receipts

OK

Hydroscience, Inc.®
Your full service environmental consulting and contracting firm.

September 21, 2009

RECD SEP 22 2009

JSGS Properties
609 Rolling Hills Drive
Brick, NJ 08724

RE: Underground Tank Removal at 508 Central Avenue, Brick, NJ 08724
Permit #09-2078 Block: 532, Lot: 32

Dear Mr. Montanaro:

On August 31, 2009, Hydroscience, Inc. removed one 275-gallon heating oil tank from the above referenced address. Upon removal of the tank, no evidence of a discharge was noted. The storage tank was cleaned and disposed of according to NJDEP standards.

All of the necessary tank removal documentation has been submitted to the Brick Township Building Department in order to properly close out your permits. Copies of the tank recycling receipt, clean fill receipt, liquid contents disposal receipt and approval sticker have been included for your records.

Hydroscience, Inc. is pleased to have had the opportunity to serve your environmental needs. Should you have any questions or concerns, please do not hesitate to contact our office at (732) 349-9692.

For the firm:
Hydroscience, Inc.

Sonya M. Agnello

Sonya M. Agnello
Administration

ref: aa TR-Clean
cc: Brick Township Building Department

P.O. Box 4978 • Toms River, NJ 08754 • P 732.349.9692 • F 732.349.9729
703 Van Rossum Ave. • Unit 3 • Edgewater Park, NJ 08010 • P 609.871.4100 • F 609.871.4455

Hydroscience Group ®
HYDROSCIENCE, INC. P.O. BOX 4978, TOMS RIVER, NEW JERSEY 08754
PHONE 732-349-8992 FAX 732 349-0729

Certification of Tank Disposal

(In accordance with the NJ Department of Environmental Protection Standards)

Client: JSGS Job Number: JSGS Date: 8/31/07

Tank Size: 275 AST Type: ___ Steel ___/___ Condition: Rusted

Prior Contents: #2 Heating Oil

Tank Markings: JSGS 8/31/07

This is to certify that the tank described above has been cleaned in accordance with NJDEP standards methods and procedures and has been rendered suitable for disposal as scrap metal. All product residues were removed and the interior of the tank was tested and found to be free of harmful vapors.

Hydroscience, Inc. Technician: [signature] Date: 8/31/07

Print Name: B Schmidt

This is to certify that the tank described above has been received for disposal and will be disposed of in accordance with applicable regulatory requirements.

Signed: _____ Disposal Facility: _____ Date: _____

Print Name: _____

Comments: _____

Brick Recycling Services
2480 Hooper Avenue
Brick, New Jersey 08723

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent

Shipper's No. ____________

Carrier's Name: JSCS Carrier's No. [illegible]

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

at 700 AM (Date) 5/31/09 FROM 605 Central Ave Bricktown

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 Loned

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

Destination 450 S Front St Street Elizabeth NJ City

County ____ State ____ Zip ____

Route NJD 000073036 Delivery Address★ 07202

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

Delivering Carrier ____________ Car or Vehicle Initials and No. ____________

Collect on Delivery $ ____________ And Remit to ____________

____ Street ____ City ____ State

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Subject to Correction)	Class or Rate	Check Column
		22 Gallons Non DOT Reg			
		Non Haz	N/A		
		I.D #72			
		99% Water			
		1% oil			

*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 ____

Shipper, Per [signature] Science Inc.

Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

Permanent post-office address of shipper. 520 Water St Toms River NJ 08753

2

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."

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.

TOWNSHIP OF BRICK

NOT APPROVED

☐ BUILDING ☐ ELECTRICAL

☐ PLUMBING ☐ FIRE

☐ ELEVATOR DEVICES ☐ PROTECTION

☐ OTHER

35918

HYDROSCIENCE, INC.
TOMS RIVER, NJ 08754

Brick Township Building Dept.

Check Number: 35918
Check Date: Aug 25, 2009

Check Amount: $70.00

Item to be Paid - Description	Discount Taken	Amount Paid
508 Central Ave.		70.00

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 09-2078

Date Issued / Permit # 8-26-09

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

Block 532 Lot 32 Qualification Code _____

Work Site Location 500 CONTRACT AVE BRICK, NJ 08723

Owner in Fee: JOE MONTANARO - JSGS HOLDINGS

Tel. (732) 773-2833 e-mail _____

Address 500 CENTRAL AVE, BRICK, NJ
street municipality zip code

Contractor: HICKORY FIRE, INC Tel. (732) 341-9692

Address PO BOX 4172, TR e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

Federal Emp. No. 22-3207567 FAX: (732) 341-9692

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 $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

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				
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. Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

re-moved a 275 g 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		70
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 09-2078

Date Issued Permit # 8-26-09

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

Block 532 Lot 32 Qualification Code _____

Work Site Location 508 CONTRACT AVE BRICK, NJ 08723

Owner in Fee: TR MARITANARO - JSGS HQ PROPS

Tel: [redacted] ail _____

Address 508 CENTRAL AVE, BRICK, NJ (street / municipality / zip code)

Contractor: FLICKO SERVICE, INC Tel. 732) 341 9642

Address PO BOX 4172, TR e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

Federal Emp. No. 22-3207507 FAX: (732)341 9642

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other _____

Location: _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

Fuel Storage Tank:

Fuel Type [ ] Flammable OR [ ] Combustible *Capacity* _____

Total Cost of Fire Protection Work $ 500.00

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. Applicant's Signature/Contractor's Signature

[x] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Re-moved @ 275 g 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	1	70
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: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

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				
Other _____				

TANK ABATEMENT OR ASBESTOS NOTIFICATION

DATE: 8/11/09

PROJECT: JSGS Properties

STREET: 508 Central Ave

CONTRACTOR: Hydroscience, Inc LICENSE NO. 13VH00981900

ADDRESS: PO Box 4978, TR, NJ

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

MAILING ADDRESS: _____

OSHA AIR MONITOR: _____

ADDRESS: _____

BUILDING OWNER: JSGS Properties

MAILING ADDRESS: 6009 Rolling Hills Drive, BRICK

_____ PHONE: 732 773-2833

ENGINEER/ARCHITECT: _____

MAILING ADDRESS: _____

_____ PHONE: _____

WASTE HAULER: Hydroscience LICENSE NO.: _____

LAND FILL: Brick Recyclers

TOWN: Brick

JOB SIZE: (circle one) MINOR X SMALL____ LARGE____

QUANITY OF WASTE GENERATED: CU YARDS ~ Ø

LINEAR FOOTAGE: _____

SQUARE FOOTGAE: _____

PROPOSED START DATE: ASAP PROPOSED FINISH DATE: _____

COST OF WORK: $ 500.

CONSTRUCTION PERMIT # _____ DATE: _____