called 11-2-94 bl

BLOCK 170.01 LOT 2 ADDRESS (SITE) 1666 Route 88 PERMIT NO. 3171-94

RECEIVED
NOV 1 1994
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1 Proposed Work-site at: 1666 Rt. 88, Bricktown N.J. 08723

2 Name of Owner in Fee: Gary C. Lough U.P. Tel. (800) 662-3125

Address 1666 Rt. 88, Bricktown, N.J. 08723 (street, municipality, zip code)

3 Ownership in Fee: Public ____ Private ✓

4 Principal Contractor East Coast Management Group, Inc. Tel. (908) 262-1288

Address 470 N. Lakeshore Dr. Bricktown, N.J. 08723

License No. OR, if new home, Builder Reg. No. 13000222 Exp. Date 4/31/95

Federal Emp. No. 22-3294665 Social Security No. ____

5 Architect or Engineer Steven J. Schneider P.E. Tel. 908 604-2400

Address 21 Robin Rd. Warren, New Jersey 07060

6. Responsible Person In Charge of Work Ron Reckinger Tel. 908 262-1288

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 50 —		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$ 50 —		
7. Less 20% for State Plan Review	5		
8. Subtotal	$		
9. DCA Training Fee	4 -		
10. Subtotal	$		
11. Cert. of Occupancy	20 -		
12. Other			
13. TOTAL	$ 79 —		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of 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 ____ sq. ft. / no ____	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1 ☐ Minor Work (single trade)	
2 ☐ Small Job ($5,000 and no prior approvals)	
3 ☐ New Building	
4 ☐ Addition	
5 ☐ Alteration	
6 ☐ Fire Protection	
7 ☐ Plumbing	
8 ☐ Electrical	
9 ☐ Asbestos Abatement	
10 ☑ Demolition	
TOTAL COSTS	$ 5,250.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
gp	11-1-94		11/7/94	RK			

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
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:

LDS BR 10414732

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 New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor

Agent Name KEN KECKINGER

Address 470 N. LAKESHORE DR.

BRICK, N.J. 08723

Telephone (908) 206-1288

Signature _____ Date 11/1/94

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	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

CONSTRUCTION PERMIT

New Jersey Uniform Construction Code

Date Issued 11-2-94
Control #
Permit # 3171-94

...TIFICATION Block 1170.01 Lot 2

...k Site Location Hobbs Pt. 88

...er in Fee Ilary C. Lough, V.P.

...ress Same

( )

Contractor East Coast Mant. Gro...

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. ______ Exp. Date

Federal Emp. No.

or Social Security No.

...reby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

...CRIPTION OF WORK:

remove underground tank

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

...ated Cost of Work $ 5250.

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	50.
Plumbing	
Electrical	
Fire Protection	
Other	Wan 5.
Other	
DCA Training Fee	4.
Cert. of Occ.	20.
Other	
Total	79.-
Check No.	
Cash	
Collected By:	

*00023 3171 LOT 24 BUILDING PLAN RVW B.L.H. ... TOTAL CHECK CHANGE 0017A000

... Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 11-2-94
Control #
Permit # 3171-94

A. IDENTIFICATION—APPLICANT:

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

Block 1170.01 Lot 2
Work Site Location 1666 Route 88
Bricktown, N.J. 08723
Owner in Fee Mr. Gary C. Lough V.P.
Address 1666 Route 88
Bricktown, N.J. 08723
Tele. (1-800-662-5125
Contractor East Coast Management Group Inc. / ECEI.
Address 470 N. Lakeshore Dr.
Bricktown N.J. 08723
Tele. (908) 262-1288
Lic. No. or Bldrs. Reg. No. 13000222
Federal Emp. No. 22-3294165 or Social Security No. ______

C. CERTIFICATION IN LIEU OF OATH

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

Signature [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Underground Storage Tank (UST) Removal: 550 Gallon Tank

* Cut hole in tank for inspection.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
[ ] No-Plans Req. *			Type:				
[✓] All	11/2/94	[initials]	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

(Dates (Month/Day) heads the Failure, Failure, Approval and Initial columns.)

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence ______ Height (6' or over)
  [ ] Sign ______ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement
  [ ] Other ______
  [✓] Other UST Removal
[✓] Demolition

(Office Use Only)
FEE
$ ______

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
Constr. Class 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.
Total Land Area Disturbed ______ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ______
2. Alteration $ ______
3. Total (1+2) $ ______

Paid [ ] Check # ______
Collected by: ______
Administrative Surcharge $ ______
Minimum Fee $ ______
DCA TRAINING FEE $ ______
TOTAL FEE $ ______

U.C.C. Form F-110B

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

Tank removal

ASBESTOS ABATEMENT NOTIFICATION

DATE:

(PRINT OR TYPE) (If applicable variance#)

Project: UNDERGROUND STORAGE TANK (LIST) REMOVAL

Street: 1666 ROUTE 88

Town: BRICKTOWN, N.J. 08723

Contractor: EAST COAST MANAGEMENT GROUP, INC. Lic No: E 0001810
13 000222

Address: 470 D. LAKESHORE DR.
BRICKTOWN, N.J. 08723

A.S.C.M.: Lic No:

Address:

OSHA Air Monitor:

Address:

✓ Building Owner: MR. GARY LOUGH O.P.

Street: 1666 ROUTE 88

Town: BRICKTOWN, N.J. 08723

Phone: 1800 CCC-3125 County: OCEAN Zip 08723

Engineer/Architect: STEVEN I. SCHNEIDER

Street: 21 ROBIN RD.

Town: WARREN, N.J.

Phone: (908) 604-2400 County: WARREN Zip: 07060

✓ Waste Hauler: TOLK'S WASTE OIL Lic. No.: S-7871

Address: 259 ARKANSAS AVE. D.E.P.: 980650261
TOMS RIVER, N.J. 08753

~~Land Fill~~:

Town:

Job Size: (Circle One) Minor Small Large

Quantity of Waste Generated: CU. Yds.:
(All Applicable) Linear Footage:
Sq. Footage:

Proposed Start Date: 10/20/94 Proposed Finish Date: 10/20/94

Cost of work: $ 5,250.00

(To be filled in by the Construction Official)

Construction Permit No.: Date Issued: / /

OS43A
1/19/89