BLOCK 1170.01 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 1666 Route 88 West PERMIT NO. 98-0098

C117001-2

RECEIVED
JAN 1 2 1998
DIV. OF CODES

Called 1-13-98. HESS Station

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1666 Route 88 West
2. Name of Owner in Fee: Amerada Hess Corporation Tel. (732) 750-6000
   Address 1 Hess Plaza, Woodbridge, N.J. 07095-0961 (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Salomone Bros. Inc. Tel. (973) 305-0022
   Address 17 Demarest Drive, Wayne, N.J. 07470-6744
   License No. OR, if new home, Builder Reg. No. 00400 Exp. Date _____
   Federal Employee No. 22-2107-164 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Joe/Paul Salomone
   Tel. (973) 305-0022 FAX (973) 305-0510

tank removal

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing		150.	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		2.	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	152.	

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 _____

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		LP	1/13/98						
3.	☐ Addition									
4.	☐ Alteration									
5.	☒ Fire Protection					1/13/98	JH			
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	2000.								

OPTIONAL (for office use only)

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: GAS STA.
2. Use Group: B
3. Change in Use Group, Indicate Former:

LDS BR 10516274

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. 5:32-2.15(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.

(x) Check if contractor.

Agent Name Salomone Bros. Inc.

Address 17 Demarest Drive

Wayne, New Jersey 07470-6744

Telephone (973) 305-0022

Signature _____

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.				

CONSTRUCTION PERMIT

Date Issued 1-15-98
Control #
Permit # 98-0098

TIFICATION Block 1170.01 Lot 2

Site Location 1666 Route 88 West
Brick, N.J.
er in Fee Amerada Hess Corporation
ess 1 Hess Plaza
Woodbridge, N.J. 07095-0961
(732) 750-6000

Contractor Salomone Bros. Inc.
Address 17 Demarest Drive
Wayne, New Jersey 07470-6744
Tele. (973) 305-0022
Lic. No. or Bldrs. Reg. No. 00400 Exp. Date
Federal Emp. No. 22-2107-164
or Social Security No.

reby granted permission to perform the following work:

BUILDING [ ] PLUMBING [ ] OTHER
ELECTRICAL [X] FIRE PROTECTION
ELEVATOR DEVICES

CRIPTION OF WORK: REMOVE 1-500 GAL GASOLINE
NK.

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

nated Cost of Work $ 2600

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building
Electrical
Plumbing
Fire Protection 150
Elevator Devices
Other
DCA Training Fee 2
Cert. of Occ.
Other
Total 152
Check No. 23846
Cash
Collected By:

(see reverse side)

Form F-170C

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

REQUIRED INSPECTIONS

nstruction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18.
ency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conf
the approved plans and the requirements of the Uniform Construction Code.

e owner or other responsible person in charge of work must notify this agency when work is ready for any required inspec
ecified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspec
l be performed within three business days of the time for which they are requested. The work must not proceed in a ma
ich will preclude the inspection until it has been made and approval given.

Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections
   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 and connections prior to covering with finish or infill material; plumbing underground services, r
   piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insul
   installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, de
   and fixtures; mechanical systems equipment.

Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirem

A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be iss
Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies
A complete copy of approved plans must be kept on the job site.
you do not understand any of this information, please ask.

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 01/15/98
Control #
Permit # 98-0098

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 1170.01 Lot 2

Work Site Location 1666 RT 88 WEST

Owner in Fee AMERADA HESS CORPORATION
Address 1 HESS PLAZA
WOODBRIDGE, NJ 07095-0961
Telephone (732)750-6000

Contractor SALOMONE BROS. INC.
Address 17 DEMAREST DR.
WAYNE,, NJ 07470-
Telephone (201)305-0022
Lic. No. or Bldrs. Reg. No. _____ Exp. Date / /
Federal Emp. No. 22-2107164
or Social Security No. _____

Is hereby granted permission to perform the following work:
[ ] BUILDING [ ] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

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 $ 2,000

J Gumoyna / CS
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	150
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occ.	0
Other	
Total	152
Check No.	23846
Cash	X
Collected By:	CS

732-919-0100

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1-15-98
Date Issued
Control #
Permit # 98-0098

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 West
Brick, N.J.
Owner in Fee Amerada Hess Corporation
Address 1 Hess Plaza
Woodbridge, N.J. 07095-0961
Tele. (732 973-750=6000
Contractor Salomone Bros. Inc.
Address 17 Demarest Drive
Wayne, New Jersey 07470-6744
Tele. (973) 305-0022
Lic. No. 00400
Federal Emp. No. 22-2107-164 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 2000 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 1/13/98
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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.

James G
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work U.G. Tank Removal

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks	REMOVE (1)	Capacity 500	Fuel B15
Combustible Liquid Storage Tanks		( ) Capacity	Fuel
L.P.G. Storage Tanks		( ) Capacity	Fuel
L.N.G. Storage Tanks		( ) Capacity	Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
		150
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

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

U.C.C. Form F-1408 1 White - Inspector Copy 2 Canary - Office Copy 3 Pink - Office Copy 4 Gold - Applicant Copy

STATE OF NEW JERSEY

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Certifies That

SALOMONE BROS, INC.
17 DEMAREST DRIVE
WAYNE , NJ 07470

having duly met the requirements of the

Underground Storage Tank Certification Program
N.J.S.A. 58:10A-24.1-8

is hereby approved to perform the following services:

INSTALL - ENTIRE
CLOSURE
SUBSURFACE
CORROSION SPECIALIST

US00400
PERMANENT CERTIFICATION NUMBER

10/31/98
EXPIRATION DATE

ASSISTANT COMMISSIONER, DEPARTMENT OF ENVIRONMENTAL PROTECTION

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

D780IF R2/94

UNDERGROUND STORAGE TANK SYSTEM CLOSURE APPROVAL

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF RESPONSIBLE PARTY SITE REMEDIATION
BUREAU OF FIELD OPERATIONS
P.O. Box 28, TRENTON, NJ 08625-0028

TMS # C97-0865 UST # 0185899

ATLANTIC PEST DOCTORS
1666 ROUTE 88 WEST
BRICK

OCEAN

THE ABOVE LISTED FACILITY IS HEREBY GRANTED APPROVAL TO PERFORM THE FOLLOWING ACTIVITY IN ACCORDANCE WITH N.J.A.C. 7:14b-1 et. seq:

REMOVAL OF: one 500 gallon gasoline fuel\oil UST(s), and appurtenant piping.

SITE ASSESSMENT: Conduct a site investigation for the UST(s) and appertenant piping specified above, according to the Technical Requirements for Site Remediation, N.J.A.C. 7:26E, EFFECTIVE JULY 18, 1997.

The management of any excavated soils must follow the requirements listed in the Attachment enclosed within.

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

CONTACT PERSON: SANDRA PANSING

TELEPHONE: 732-919-0100

EFFECTIVE DATE: 09/09/1997

THIS FORM MUST BE DISPLAYED AT THE SITE DURING THE APPROVED ACTIVITY AND MUST BE MADE AVAILABLE FOR INSPECTIONS AT ALL TIMES.

H. R Patel

Joshua Gradwohl, SUPERVISOR
BUREAU OF FIELD OPERATIONS (for)

PLEASE ADVISE ANY ERRORS OR OMISSIONS

Salomone Bros. Inc.

PUMP & TANK

Date of Transmission: 1/13/98

Number of Pages 2 (including this page)

From: Paul Salomone

Fax Message To: Gary Lubnack

920-262-8954

17 Demarest Drive Wayne, New Jersey 07470-6744 Phone (201) 305-0022• Fax (201) 305-0510