BLOCK 382.04 LOT 13 QUALIFICATION CODE _____ ADDRESS (SITE) 234 Hawaii Drive PERMIT NO. 10-2626

CONSTRUCTION PERMIT APPLICATION

C-10-003402

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

I. IDENTIFICATION

1. Proposed Work Site at: 234 Hawaii Drive
2. Name of Owner in Fee: John Skurat
   Tel [redacted] e-mail [redacted]
   Address 234 (street) Hawaii Dr (municipality) Brick NJ 08723 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Riviera Landscape + Design LLC Tel. (732) 239 3639
   Address 307 Wisteria Dr Brick, NJ 08723 e-mail Rivieralandscaping@comcast.net
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH05687900
   Federal Emp. ID No. _____ FAX: (732) 920 2750
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun John Kostyz (Riviera Landscape)
   Tel. (732) 239 3639 FAX: (732) 920-2750

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 75		
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	4		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	79		
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

- [x] 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		VD	9/20/10		9/22/10	MV			
☐ 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

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 Riviera Landscape + Design, LLC

Address 307 Wisteria Dr

Telephone (732) 239 3639

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/12/2010
Control Number C-10-003402
Permit Number 10-2626
Permit Issue Date 09/28/2010
Certificate Number 10-2626

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 234 HAWAII DR. Brick Township, NJ Block: 382.04 Lot: 13 Qual:

Owner in Fee: SKURAT, JOHN A

Owner Address: 27 VARNUM LANE MANALAPAN NJ 07726

Telephone:

Contractor Riviera Landscape & Design, LLC

Address 307 Wisteria Drive Brick NJ 08723

Telephone: (732) 239-3639 Fax:

License Number or Builders Registration Number: 13VH05687900 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: INGROUND POOL DEMO

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: 11/12/2010 U.C.C. F260 (rev. 08/05)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 9/28/10

Date Issued / Permit # 10-2626

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

Block 382.04 Lot 13 Qualification Code

Work Site Location 234 Hawaii Drive
Brick, NJ 08723

Owner in Fee: John Skurat

Te [redacted] mail [redacted]

Address 234 Hawaii Dr (street) Brick (municipality) NJ 08723 (zip code)

Contractor: Riviera landscaping Tel. (732) 239 3639

Address 307 Wisteria Bridge e-mail Rivieralandscaping@comcast.net

Contractor License No. or Builder Registration No. 13VH05687900 Exp. Date 12/31/2010

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

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:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Filling in an Inground Pool.
1. Remove liner
2. Remove any debries
3. remove concrete
4. Fill hole with clean fill dirt.
5. ~~Add~~ 2" of topsoil and seed.
* Backfill inspection Req'd

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	9/22/10	KW
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 9-22-10
Approved by: KA/JC

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 11/3/10
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
~~Slab~~ BACKFILL			10/6/10	C.P.
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			11/4/10	KW
Barrier-Free				

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
- [X] Other _____
- [ ] Demolition

FEE (Office Use Only)
$ _____

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

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 $ 2500
3. Total (1+ 2) $ _____

U.C.C. F110 (rev. 11/09)
Internet version

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

Big-n-Little Carting

PO Box 4343 • Brick Township, NJ 08723
732-920-2800 609-242-9900
609-294-9800 FAX 732-920-9439
www.OceanCountyDumpster.com

Container # 122
Richey
Driver's Initials

Ticket No. 44371
Drop Date 8-28-2010
Per Ton (if over) 97.00
Days Allowed
Extra Per Day Charge $20.00

Name John Kotstya
Address 307 Wistaria Drive
City Brick Twp NJ 08723
Phone [redacted]

Job Site
238 Hawaii Drive
Brick Twp N.J. 08723

01-105140

BOX SIZE	ALLOWED WEIGHT	#	PRICE
(10)	2 Tons - 4000 lbs.	122	# 325.00
15	3 Tons - 6000 lbs.		
20	4 Tons - 8000 lbs.		
30	5 Tons - 10000 lbs.		
40	7 Tons - 14000 lbs.		

Initial — Carting Co. Not Responsible for damage on inside curb deliveries.
(See other side for Terms & Conditions)

Customer responsible for all over weight charges and will be charged on credit card.

VISA MasterCard AMERICAN EXPRESS DISCOVER (circle one)

Cash or Check No. Amt: 298.99 693

Overweight Charge
Extra Days Charge
Total #325.00
Deposit #325.00 (RB)
-0-
Balance Due

Credit Card 1009 Exp. Date 01-14

Authorized & Received by X
Thank You

$60.00 Service Charge on All Returned Checks.
$125.00 Service Charge For All Cancelled Appointments.

We Do Not Accept Hazardous Waste Materials, Paints or Thinners
If Asbestos is found in the container, it will be returned and you will be charged $500.00

PAID
CHECK
Oct. 7th 2010

122 234 Hawaii Dr Brick 12

#44371

MAZZA
FACILITY ID# 195699
DEP# 1338001136
3230 SHAFTO RD,TINTON FALLS,NJ

Weighed: Mike Toffel
Deposit: Mike Toffel
BILL TO: 314 BIG N LITTLE "PREPAY"

Vehicle ID: XH870S
Reference: 10

Origin: BRICK, OCEAN
DATE IN: 10/06/2010 TIME IN: 13:19:38
DATE OUT: 10/06/2010 TIME OUT: 13:30

INBOUND TICKET Number: 01-105140

SCALE 1 GROSS WT.	32180	LB
SCALE 1 TARE WT.	30220	LB
NET WEIGHT	1960	LB

Qty	Description
0.98	Bulky Waste

SCALE RECEIVER 1357

Brick Recycling Company, Inc.

2480 Old Hooper Avenue
Brick, NJ 08723
732-477-0880

Recv Date: 09/28/2010 **Time In:** 13:33
Control #: 127521 **Time Out:** 13:35
Pay Method: CASH

PEDDLER
Peddler

Commodity / Gross	Description / Tare	Net	Price / UM	Amount
AL EXT	Aluminum Extrusion			
7,920	7,860	60	0.60 / LB	36.00
	Totals	60		36.00

I certify that I am the lawful owner of the merchandise listed above, and this merchandise is free of encumbrances.

Accepted: _____

ID:

SCALE RECEIVER

1380

Brick Recycling Company, Inc.

2480 Old Hooper Avenue
Brick, NJ 08723
732-477-0880

Recv Date: 10/22/2010
Control #: 129839

Time In: 15:41
Time Out: 15:46
Pay Method: CASH

PEDDLER
JOHN A KOSTYZ

Commodity	Description	Gross	Tare	Net	Price / UM	Amount
LI	Light Iron					
		8,220	7,920	300	7.00 / HW	21.00
	Totals			300		21.00

I certify that I am the lawful owner of the merchandise listed above, and this merchandise is free of encumbrances.

Accepted: _____

ID:

OCEAN COUNTY RECYCLING CENTER, INC.
1497 LAKEWOOD ROAD (RT. 9)
TOMS RIVER, NJ 08755
NJDEP# CBG040002,

Hours of Operation
Monday thru Friday 7:00 am - 5:00 pm
Saturday 7:00 am - 2:00 pm

Invoice No :342191
Date :10/25/10
Phone :(732)244-1716
Fax :(732)914-0373

Customer: *9202750*
Riviera Landscaping - COD

Truck :	XN241X	RIVIERA LANDSCAPE	Gross :	15380	lb	Scale 1	Out	3:20 pm
Location:	1508	TOMS RIVER TOWNSHIP	Tare :	7800	lb	STORED	In	3:20 pm
			Net :	7580	lb			
				3.790	tn			

Weigh Master: DP

Remarks: CCApproved:055265

Slurat

Material $	26.53
Delivery $	0.00
Misc $	0.00
Tax $	1.86
Total $	28.39

MATERIAL ID	QTY		UNIT-$	MATERIAL DESCRIPTION	TAX-$	TOTAL-$
11070	3.790	tn	7.00	FILL DIRT	1.86	26.53
					1.86	$28.39

I hereby certify that there are no contaminants or non specified materials in the load. The information on this form is true and accurate to the best of my knowledge.

Driver's Signature: *Your Signature*

OCEAN COUNTY RECYCLING CENTER, INC.
1497 LAKEWOOD ROAD (RT. 9)
TOMS RIVER, NJ 08755
NJDEP# CBG040002,

Hours of Operation
Monday thru Friday 7:00 am - 5:00 pm
Saturday 7:00 am - 2:00 pm

Invoice No :341654
Date :10/19/10
Phone :(732)244-1716
Fax :(732)914-0373

Customer: 9202750
Riviera Landscaping - COD

skurat

Truck :	XN241X	RIVIERA LANDSCAPE	Gross :	12860	lb	Scale 1	In	3:45 pm
Location:	1507	BRICK TWP.	Tare :	7800	lb	STORED	Out	3:45 pm
			Net :	5060	lb			
				2.530	tn			

Weigh Master: DP

Remarks:

Material $	17.71
Delivery $	0.00
Misc $	0.00
Tax $	0.00
Total $	17.71
Received $	17.71

MATERIAL ID	QTY		UNIT-$	MATERIAL DESCRIPTION	TAX-$	TOTAL-$
00065	2.530	tn	7.00	CONCRETE/ASPHALT/DIRT		17.71

$17.71

I hereby certify that there are no contaminants or non specified materials in the load. The information on this form is true and accurate to the best of my knowledge.

Driver's Signature: *Your Signature*

OCEAN COUNTY RECYCLING CENTER, INC.
1497 LAKEWOOD ROAD (RT. 9)
TOMS RIVER, NJ 08755
NJDEP# CBG040002,

Hours of Operation
Monday thru Friday 7:00 am - 5:00 pm
Saturday 7:00 am - 2:00 pm

Invoice No :342272
Date :10/26/10
Phone :(732)244-1716
Fax :(732)914-0373

Customer: 9202750
Riviera Landscaping - COD

Order No : CK1269
CLOSE 10/31
Loads : 3
Miles : 0
Tons : 9.12

Truck : XN241X RIVIERA LANDSCAPE
Location: 1507 BRICK TWP.

Gross :	13640	lb	Scale 1	In	11:38 am
Tare :	7800	lb	STORED	Out	11:38 am
Net :	5840	lb			
	2.920	tn			

Weigh Master: DP

Remarks:

Material $	20.44
Delivery $	0.00
Misc $	0.00
Tax $	0.00
Total $	20.44

MATERIAL ID	QTY		UNIT-$	MATERIAL DESCRIPTION	TAX-$	TOTAL-$
00065	2.920	tn	7.00	CONCRETE/ASPHALT/DIRT		20.44

$20.44

I hereby certify that there are no contaminants or non specified materials in the load. The information on this form is true and accurate to the best of my knowledge.

Driver's Signature:

OCEAN COUNTY RECYCLING CENTER, INC.
1497 LAKEWOOD ROAD (RT. 9)
TOMS RIVER, NJ 08755
NJDEP# CBG040002,

Hours of Operation
Monday thru Friday 7:00 am - 5:00 pm
Saturday 7:00 am - 2:00 pm

Invoice No :342326
Date :10/26/10
Phone :(732)244-1716
Fax :(732)914-0373

Customer: *9202750*
Riviera Landscaping - COD

Order No : *CK1269*
CLOSE 10/31
Loads : 5
Miles : 0
Tons : 14.52

Truck : XN241X RIVIERA LANDSCAPE
Location: 1507 BRICK TWP.

Gross :	9940	lb	Scale 1	In	2:46 pm
Tare :	7800	lb	STORED	Out	2:46 pm
Net :	2140	lb			
	1.070	tn			

Weigh Master: DP

Remarks:

Material $	7.49
Delivery $	0.00
Misc $	0.00
Tax $	0.00
Total $	7.49

MATERIAL ID	QTY		UNIT-$	MATERIAL DESCRIPTION	TAX-$	TOTAL-$
00065	1.070	tn	7.00	CONCRETE/ASPHALT/DIRT		7.49

$7.49

I hereby certify that there are no contaminants or non specified materials in the load. The information on this form is true and accurate to the best of my knowledge.

Driver's Signature:

OCEAN COUNTY RECYCLING CENTER, INC.
1497 LAKEWOOD ROAD (RT. 9)
TOMS RIVER, NJ 08755
NJDEP# CBG040002,

Hours of Operation
Monday thru Friday 7:00 am - 5:00 pm
Saturday 7:00 am - 2:00 pm

Invoice No :338849
Date :9/18/10
Phone :(732)244-1716
Fax :(732)914-0373

Customer: *9202750*
Riviera Landscaping - COD

Truck :	XN241X	RIVIERA LANDSCAPE	Gross :	13480	lb	Scale 1	In	11:37 am
Location:	1507	BRICK TWP.	Tare :	7800	lb	STORED	Out	11:37 am
			Net :	5680	lb			
				2.840	tn			

Weigh Master: DP

Remarks:

Material $	19.88
Delivery $	0.00
Misc $	0.00
Tax $	0.00
Total $	19.88
Received $	19.88

MATERIAL ID	QTY		UNIT-$	MATERIAL DESCRIPTION	TAX-$	TOTAL-$
00065	2.840	tn	7.00	CONCRETE/ASPHALT/DIRT		19.88

$19.88

I hereby certify that there are no contaminants or non specified materials in the load. The information on this form is true and accurate to the best of my knowledge.

Driver's Signature: *Your Signature*

OCEAN C[illegible]NTY RECYCLING CENTER, INC.
1497 LA[illegible]OOD ROAD (RT. 9)
TOMS RIVE[illegible], NJ 08755
NJDEP# CBG040002,

Hours of Operation
Monday thru Friday 7:00 am - 5:00 pm
Saturday 7:00 am - 2:00 pm

Invoice No :342190
Date :10/25/10
Phone :(732)244-1716
Fax :(732)914-0373

Customer: 9202750
Riviera Landscaping - COD

Skurat

Truck : XN241X RIVIERA LANDSCAPE
Location: 1508 TOMS RIVER TOWNSHIP

Gross :	10820	lb	Scale 1	In	3:10 pm
Tare :	7800	lb	STORED	Out	3:10 pm
Net :	3020	lb			
	1.510	tn			

Weigh Master: DP

Remarks: CCApproved:055265

Material $	10.57
Delivery $	0.00
Misc $	0.00
Tax $	0.00
Total $	10.57

MATERIAL ID	QTY		UNIT-$	MATERIAL DESCRIPTION	TAX-$	TOTAL-$
00065	1.510	tn	7.00	CONCRETE/ASPHALT/DIRT		10.57

$10.57

I hereby certify that there are no contaminants or non specified materials in the load. The information on this form is true and accurate to the best of my knowledge.

Driver's Signature:

Date Issued 9/28/10
Control #
Permit # 10-26026

CONSTRUCTION PERMIT NOTICE

Block 33.04 Lot 13 Qualification Code

Work Site Location 234 Hurori Drive

AUTHORIZES FOR:

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

INSPECTIONS
Please Call
732-262-4027

Description of Work: Demo Pool

This notice shall be posted conspicuously at the work site and shall remain so until issuance of a certificate.

U.C.C. 5180 (rev. 3/03)

BUILDING SUBCODE
TECHNICAL SECTION

Control #
Date Issued 10-26-26
Permit # 9/28/10

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

Block 382.04 Lot 13 Qualification Code

Work Site Location 234 Hawaii Drive
Brick, NJ 08723

Owner In Fee: John Skurat
[redacted]

Address 234 Hawaii Dr (street) Brick (municipality) NJ 08723 (zip code)

Contractor: Rivieralandscaping Tel. (732) 239 3639

Address 307 Wisteria Bridge e-mail Rivieralandscaping@comcast.net

Contractor License No. or Builder Registration No. 13VH05687900 Exp. Date 12/31/2010

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

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: [signature]

Print name here:

TECHNICAL SITE DATA

DESCRIPTION OF WORK Filling in an Inground Pool.
1. Remove liner
2. Remove any debries
3. remove concrete
4. Fill hole with clean fill dirt.
5. ~~Add~~ 2" of topsoil and seed.
* Backfill inspection Req'd

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	9/22/10	LW
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 9.22.10
Approved by: KA/JW

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
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				
Barrier-Free				

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
- [X] Other _____
- [ ] Demolition

FEE (Office Use Only)
$ 250

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

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) $ 2500

U.C.C. F110 (rev. 11/09)
Internet version

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

CONSTRUCTION PERMIT

Date Issued 9/28/10
Control # BC-10-003402
Permit # 10-2024

IDENTIFICATION Block: 382.04 Lot: 13 Qualifier
Work Site Location: 234 HAWAII DR. Brick Township, NJ
Owner in Fee: SKURAT, JOHN A
27 VARNUM LANE MANALAPAN NJ 07726
Telephone:

Contractor: Riviera Landscape & Design, LLC
Address: 307 Wisteria Drive Brick NJ 08723
Telephone: (732) 239-3639
Lic. No. or Bldrs. Reg. No. 13VH05687900
Federal Employee. No.

is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT *(Subchapter 8 only)*
- [ ] OTHER

DESCRIPTION OF WORK:
INGROUND POOL DEMO

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 $2,500

Construction Official

Date

PAYMENTS (Office Use Only)

Building	$75
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$79
Check No.	
Cash	$79 $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:

- [x] *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.

CONSTRUCTION PERMIT

Date Issued 9/28/10
Control # C-10-002402
Permit # 10-2626

IDENTIFICATION Block: 382.04 Lot: 13 Qualifier
Work Site Location: 234 HAWAII DR. Brick Township, NJ
Owner in Fee: SKURAT, JOHN A
27 VARNUM LANE MANALAPAN NJ 07726
Telephone:

Contractor: Riviera Landscape & Design, LLC
Address: 307 Wisteria Drive Brick NJ 08723
Telephone: (732) 239-3639
Lic. No. or Bldrs. Reg. No. 13VH05687900
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
INGROUND POOL DEMO

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 $2,500

Construction Official
Date 9-22-10

PAYMENTS (Office Use Only)

Building	$75
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$79
Check No.	
Cash	$79 $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.

9/28/10 [illegible] 0001
XX01 SERV.001

#2626
BUILDING $75.00
DCA $4.00
XXXTOTAL $79.00
CASH $80.00
CHANGE $1.00
9/28/10 [illegible] 16 XX01
XXXTOTAL $79.00

- [ ] 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.

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 382.04 Lot 13 Qualification Code

Work Site Location 234 Hawaii Drive
Brick, NJ 08723

Owner in Fee: John Skurat

Te [redacted] il [redacted]

Address 234 Hawaii Dr (street) Brick (municipality) NJ 08723 (zip code)

Contractor: Riviera landscaping Tel. (732) 239 3639

Address 307 wisteria Bridge e-mail Rivieralandscaping@comcast.net

Contractor License No. or Builder Registration No. 13VH05687900 Exp. Date 12/31/2010

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	9/22/10	LW
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

[redacted]
Date: 9-22-10
Approved by: KA/JL

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

INSPECTIONS Type:	Dates (Month/Day) Failure	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) $ 2500

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:

Print name here:

TECHNICAL SITE DATA

DESCRIPTION OF WORK Filling in an Inground Pool.
1. Remove liner
2. Remove any debries
3. remove concrete
4. Fill hole with clean fill dirt.
5. ~~Add~~ 2" of topsoil and seed.
* Backfill inspection Reqd

TYPE OF WORK:

	FEE (Office Use Only)
[ ] 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	
[X] Other	
[ ] Demolition	
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.S. F110 (rev. 11/09)
Internet version

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

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Riviera Landscape & Design LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

05/04/2010 TO 12/31/2010
VALID

SIGNATURE

13VH05687900
License/Registration/Certificate #

ACTING DIRECTOR