

BLOCK 818 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 08-1917



CONSTRUCTION PERMIT APPLICATION

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

(West Princeton)

I. IDENTIFICATION

1. Proposed Work Site at: Ladar Pines 1585 West Hwy. 88 are

2. Name of Owner in Fee: Bayer Family Partnerships II
Tel. (609) 234-4463 e-mail _____
Address 18 Denham Ln. Eastampton, NJ 08060
street municipality zip code

3. Ownership in Fee: Public ☒ Private ☒

4. Principal Contractor: Crompton Bldg Contr Tel. (856) 261-0730
Address 1807 Shoshone Dr. Shrewsbury, NJ 08088 e-mail _____

License No. OR, if new home, Builder Reg. No. 36508 Exp. Date 12/08

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH02810300

Federal Emp. ID No. 30-0058052 FAX: () _____

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. () _____ FAX: () _____

6. Responsible Person in Charge once Work has Begun Richard Crompton
Tel. (856) 261-0730 FAX: () _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$	
2. Electrical	\$	50
3. Plumbing	\$	
4. Fire Protection	\$	
5. Elevator Devices	\$	
6. Subtotal	\$	
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	72
9. State Permit Surcharge Fee	\$	
10. Subtotal	\$	
11. Cert. of Occupancy	\$	
12. Other	\$	122
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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☒ Building	53,000.00								
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COST 53,000.00

FOR OFFICE USE ONLY (Optional)

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	4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells
2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks
3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly	10. ☐ Swimming Pools, Spas and Hot Tubs
	7. ☐ Sprinklers	11. ☐ LPGas Tanks

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.

☒ Check if contractor.

Agent Name Crompton Building Contractors

Address 1000 Shuman Ln

Shenandoah, NY 08088

Telephone (856) 261-0030

Signature [Signature]

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



CONSTRUCTION PERMIT

Date Issued 6/30/2008
Control # C-08-003173
Permit # 08-1917

IDENTIFICATION Block: 818 Lot: 12 Qualifier _____
Work Site Location: W. PRINCETON AVE. 1585 West Highway 88, NJ Contractor Compton Bldgs Contr.
Address 1007 Shawnee Lane Shamong NJ 08088
Owner in Fee BEYER FAMILY LTD PARTNERSHIP II Telephone: (856) 261-0730
W. PRINCETON AVE. Brick NJ 08724 Lic. No. or Bldrs. Reg. No. _____
Telephone: (609) 234-4463 Federal Employee No. _____

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:

SIDING

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 \$53,000

PAYMENTS (Office Use Only)

Building	\$50
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$72
CO Fee	
Other	\$0
Total	\$122
Check No.	5614
Cash	\$0
Credit	\$0
Collected By	Inspection Account

Construction Official _____ Date _____

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.

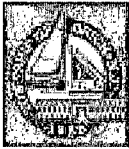
- ☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:
1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 2. Foundations 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 10/01/2009
Control Number C-08-003173
Permit Number 08-1917
Permit Issue Date 06/30/2008
Certificate Number 08-1917

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: W. PRINCETON AVE. 1585 West Highway 88 Block: 818 Lot: 12 Qual: _____
NJ
Owner in Fee: BEYER FAMILY LTD PARTNERSHIP II
Owner Address: W. PRINCETON AVE. Brick NJ 08724
Telephone: (609) 234-4463
Contractor Compton Bldgs Contr.
Address 1007 Shawnee Lane Shamong NJ 08088
Telephone: (856) 261-0730 Fax: _____
License Number or Builders Registration Number: _____ 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: SIDING

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: _____



BUILDING SUBCODE TECHNICAL SECTION



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

Block 818 Lot 12 Qualification Code
Work Site Location 1585 West Ave 88 (West Princeton Ave)
Owner in Fee: Beyer Family Partnership
Tel. (609) 234-4463 e-mail
Address 10 Dunham Ln. Eastampton, NJ 08060
Contractor: Caperton Builders Contr. Tel. (856) 261-0730 zip code
Address 1002 Shadybrook Ln. Eastampton, NJ 08088 e-mail
Contractor License No. or Builder Registration No. 36508 Exp. Date 12/08
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH028/0308
Federal Emp. ID No. 30-0058052 FAX: ()

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Required			Type:				
☐ All			Footings				
☐ Footings/Foundations			Foundation				
☐ Structural/Framework			Slab				
☐ Exterior			Frame				
☐ Interior			Truss Sys./Bracing				
Joint Plan Review Required:							
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator				
SUBCODE APPROVAL for PERMIT							
Date:			Finishes -Base Layer				
Approved by:			Finishes -Final				
SUBCODE APPROVAL for CERTIFICATE							
☐ CO	☐ CCO	☐ CC	Energy				
Date:			Mechanical				
Approved by:			TCO				
Barrier-Free							

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories			If Industrialized Building:		
Height of Structure			State Approved		HUD
Area — Largest Floor			Est. Cost of Bldg. Work:		
New Bldg. Area/All Floors			1. New Bldg.		
Volume of New Structure			2. Rehabilitation		
Max. Live Load			3. Total (1+2)		
Max. Occupancy Load					

U.C.C. F110
(rev. 12/07)

Date Received
Control #
Date Issued
Permit #

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove brick install vinyl siding

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☒ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

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

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

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

08-1917
6/30/08

* 1-12-09 ~ NO DUMP RECEIPT



BUILDING SUBCODE TECHNICAL SECTION



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

Block 818 Lot 12 Qualification Code SS (West Princeton Ave)
Work Site Location 1553 West 11th St (West Princeton Ave)

Owner In Fee: Reyes Family, Pct 1
Tel. (609) 239-4401 e-mail

Address 10 Chichester Ln E 1 Municipality West Princeton Zip code 08590
Contractor: Shoreline Builders, Inc. Tel. (856) 261-0750

Address 1000 Shoreline Ln e-mail
Contractor License No. or Builder Registration No. 08088 Exp. Date 12/08

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH02810308
Federal Emp. ID No. 30-005405 FAX: ()

Date Received
Control #
Date Issued
Permit #

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove brick in full vinyl siding

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☒ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

\$ _____

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Required			Type:				
☐ All			Footings				
☐ Footings/Foundations			Footings Bonding				
☐ Structural/Framework			Foundation				
☐ Exterior			Slab				
☐ Interior			Frame				
			Truss Sys./Bracing				
			Barrier-Free				
Joint Plan Review Required:			Insulation				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes -Base Layer				
SUBCODE APPROVAL for PERMIT			Finishes -Final				
Date:			Energy				
Approved by:			Mechanical				
SUBCODE APPROVAL for CERTIFICATE			TCO				
☐ CO ☐ CCO ☐ CA			Other				
Date:			Final				
Approved by:			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____
No. of Stories _____ If Industrialized Building: State Approved _____ HUD _____
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 _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Rehabilitation \$ 52,000.00
3. Total (1+2) \$ 52,000.00

U.C.C.F.110
(rev. 12/07)



08-1917
6/30/08

Block	Work Site Location	Lot	Qualification Code
810	1500	100	50 (Water Protection)

Address _____
 Contractor: _____ Tel. _____
 Address _____ e-mail _____

Contractor License No. or Builder Registration No. 103 Exp. Date 1/1/35
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 1/1/35
Federal Emp. ID No. 35-05 FAX: ()

PLAN REVIEW		Date	Initial	INSTRUCTIONS	Failure	Dates (Month/Day)	Approval	Initial
☐	☐	No Plans Required	_____	Type: _____	_____	_____	_____	_____
☐	☐	All	_____	Footings	_____	_____	_____	_____
☐	☐	Footings/Foundations	_____	Footings Bonding	_____	_____	_____	_____
☐	☐	Structural/Framework	_____	Foundation	_____	_____	_____	_____
☐	☐	Exterior	_____	Slab	_____	_____	_____	_____
☐	☐	Interior	_____	Frame	_____	_____	_____	_____
Joint Plan Review Required:			_____	Truss Sys./Bracing	_____	_____	_____	_____
☐	☐	Elec.	☐	Barrier-Free	_____	_____	_____	_____
☐	☐	Plumb.	☐	Insulation	_____	_____	_____	_____
☐	☐	Fire	☐	Finishes -Base Layer	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT			_____	Finishes -Final	_____	_____	_____	_____
Date:			_____	Energy	_____	_____	_____	_____
Approved by:			_____	Mechanical	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			_____	TCO	_____	_____	_____	_____
☐	☐	CO	☐	CCO	☐	☐	☐	☐
Date:			_____	Other	_____	_____	_____	_____
Approved by:			_____	Final	_____	_____	_____	_____
			_____	Barrier-Free	_____	_____	_____	_____

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) \$ _____

U.C.C. F110

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

Date Issued
Permit #

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

D. TECHNICAL SITE DATA

Remove ball to 4th siding

☐	☐	New Building
☐	☐	Addition
☐	☐	Rehabilitation
☐	☐	Roofing
☒	☐	Siding
☐	☐	Fence
☐	☐	Sign
☐	☐	Pool
☐	☐	Retaining Wall
☐	☐	Asbestos Abatement
☐	☐	Lead Haz. Abatement
☐	☐	Radon Remediation
☐	☐	Other
☐	☐	Demolition

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

Applicable to Ordinance 720-92

This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 1585 West Hurys 88

Block: _____ Lot: _____

Contractor: Crompton Building Contractors

Contractor's Address: 1000 Shawnee Ln. Shrewsbury, NJ 08088

Type of Construction (minor, new home): remove brick install vinyl siding

Type of Debris (shingles, siding, wood, etc.): Brick

Party responsible for removal: Crompton Building Contractors

Dumpster size: 20 yd.

Destination of debris: Waste Management disposing brick

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature [Signature]

Date 6/30/08

Print Name Richard Crompton