

BLOCK 835 LOT 27 QUALIFICATION CODE _____ ADDRESS (SITE) 1681 Rt. 88 W., Brick PERMIT NO. 04-4165

Township of Howell
 Veterans Road - P.O. Box 580
 Howell, New Jersey 07731



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1681 Rt. 88 W., Brick

2. Name of Owner in Fee: Mercadante, James Tel: [REDACTED]
 Address: 1681 Rt. 88 W., Brick, NJ 08124
street municipality zip code

3. Ownership in Fee: Public Private _____

4. Principal Contractor: Ocera-Plex, Inc. Tel: [REDACTED]
 Address: 1681 Rt. 88 W., Brick, NJ 08124
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Federal Employee No. 22-3082296 FAX: (732) 458-5019

5. Architect or Engineer _____ Tel. (____) _____
 Address _____

6. Responsible Person in Charge of Work _____
 Tel. (____) _____ FAX (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>50</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	<u>1</u>		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>51</u>		

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	_____

rip roof, re roof over existing roof with timberline 30yr.

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only)						
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
1. ☐ Minor Work							2-13-07	
2. ☐ New Building								
3. ☐ Addition								
4. ☐ Alteration								
5. ☐ Fire Protection								
6. ☐ Plumbing								
7. ☐ Electrical								
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Subch. 8								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								
TOTAL COSTS	<u>700.00</u>							

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	5. ☐ Cross-Connections/Backflow Preventers
2. ☐ High Pressure Boilers	6. ☐ Hazardous Uses/Places of Assembly
3. ☐ Pressure Vessels	7. ☐ Sprinklers
4. ☐ Refrigeration Systems	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-B 10677595

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.

☒ Check if contractor.

Agent Name _____

Address _____

Telephone _____

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 _____
 Electrical _____
 Plumbing _____
 Fire Protection _____
 Mechanical _____

Energy _____
 Barrier Free _____
 Flood Hazard _____
 As Built Elevation Cert. _____
 Other _____

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. _____	_____	_____	_____	_____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/13/2007
Tracking Number _____
Permit Number 04-4165
Permit Issue Date 09/28/2004
Certificate Number 04-4165

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1681 ROUTE 88 WEST RE-ROOF, NJ Block: 835 Lot: 27 Qual: _____

Owner in Fee: MERCADANTE, JAMES

Owner Address: 1681 ROUTE 88 WEST BRICK NJ 08724-

Telephone _____

Contractor _____

Address _____

Telephone: _____

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: _____

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 NUACS: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: 10382

Collected By: _____

Date Printed: 02/13/2007

Page 1

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/28/2004
Control #
Permit # 04-4165

UCC NEW JERSEY
CONSTRUCTION
PERMITS

IDENTIFICATION Block 835 Lot 27 Qual

Work Site Location 1681 ROUTE 88 WEST Contractor DURA PLEX INC
RE-ROOF Address 1681 RT 88 W
Owner in Fee MERCADANTE, JAMES BRICK, NJ 08724
Address 1681 ROUTE 88 WEST Telephone (732)458-4061
BRICK, NJ 08724 Lic. No. or Bldrs. Reg. No.
Telephone [REDACTED] Federal Exp. No. 22-3082296

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:

RE-ROOF/GOING OVER EXISTING

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 \$ 900

D. Newman Jr 09/28/2004
Construction Official

Date

PAYMENTS (Office Use Only)

Building 50
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA State Permit Fee 1
Cert. of Occupancy 0
Other
Total 51
Check No. 10382
Cash
Collected By JHL

09/28/04 8:43AM 001558#3067
XX07 SERV.007

#4165
BUILDING \$50.00
DCA \$1.00
CHECK \$51.00

NJ OCCAS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

DOC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/28/2004
Date Issued 09/28/2004
Control #
Permit # 04-4185

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

Block 035 Lot 27 Qual
Work Site Location 1681 ROUTE 88 WEST

RE-ROOF

Owner in Fee MERCADANTE, JAMES

Address 1681 ROUTE 88 WEST

BRICK, NJ 08724-

Contractor KURA PLEX INC

Address 1681 RT 88 W

BRICK, NJ 08724-

Tele. (732) 458-4081 Fax (732) 458-5019

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3082296

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

RE-ROOF/GOING OVER EXISTING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type	Failure Failure Approval Initial
☐ All			Footings	
☐ Footings			Foundation	
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			Barrierfree	
Joint Plan Review Required:			Insulation	
☐ Elect	☐ Plumb	☐ Fire	Finishes	
SUBCODE APPROVAL ☐ Elev			Energy	
☐ CO	☐ CDD	☐ CA	Mechanical	
Date:			TCO	
Approved By:			Other	
			Final	
			Barrierfree	

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-5
Constr. Class Present _____ Proposed _____
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 0
2. Alteration \$ 900
3. Total (1+2) \$ 900

Industrialized Building:
☐ State Approved
☐ HUD

TYPE OF WORK

☐ New Building
☐ Addition
☒ Alteration
☒ Roofing
☐ Siding
☐ Fence 0 Height (exceeds 6')
☐ Sign 0 Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other
☐ Demolition

FEE (Office Use Only)

\$ 0
0
0
50
0
0
0
0
0
0
0
0
0

Administrative Surcharge \$ 0
Paid ☐ Check # _____ Minimum Fee \$ 0
Collected by: _____ TOTAL FEE \$ 50
DCA State Permit Fee \$ 1

NJ LOCARS 5.2NE
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/28/2004
Date Issued 09/28/2004
Control #
Permit # DA-4165

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

Block 835 Lot 27 Qual

Work Site Location 1681 ROUTE 88 WEST

RE-ROOF

Owner in Fee MERCADANTE, JAMES

Address 1681 ROUTE 88 WEST

BRICK, NJ 08724-

T [REDACTED]

Contractor DUMA PLEX INC

Address 1681 RT 88 W

BRICK, NJ 08724-

Tele. (732) 458-4061 Fax (732) 458-5019

Eic. No. or Bids. Reg. No.

Federal Emp. No. 22-3082296

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type	Failure Failure Approval Initial
☐ All			Footing	
☐ Footing			Foundation	
☒ Foundation			Slab	
☐ Frame			Frame	
☐ Other			BarrierFree	
Joint Plan Review Required:			Insulation	
☐ Elect	☐ Plumb	☐ Fire	Finishes	
SUBCODE APPROVAL ☐ Elev			Energy	
☐ CO	☐ CCO	☐ CA	Mechanical	
Date: <u>2-17-07</u>			TCO	
Approved By: <u>[Signature]</u>			Other	
			Final	
			BarrierFree	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	P-5	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed		1. New Bldg. \$ <u>0</u>
No. of Stories	<u>0</u>			2. Alteration \$ <u>900</u>
Height of Structure	<u>0</u> Ft.			3. Total (1+2) \$ <u>900</u>
Area Largest Floor	<u>0</u> Sq. Ft.			
New Bldg. Area/All Floors	<u>0</u> Sq. Ft.			Industrialized Building:
Volume of New Structure	<u>0</u> Cu. Ft.			☐ State Approved
Total Land Area Disturbed	<u>0</u> Sq. Ft.			☐ HUD

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

RE-ROOF/GOING OVER EXISTING

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☒ Roofing

☐ Siding

☐ Fence 0 Height (exceeds 6')

☐ Sign 0 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter B

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Other

☐ Demolition

FEE (Office Use Only)

\$ 0

0

0

50

0

0

0

0

0

0

0

0

Administrative Surcharge

\$ 0

paid ☐ Check \$ Minimum Fee

\$ 0

Collected by: TOTAL FEE

\$ 50

DCA State Permit Fee

\$ 1

Block: 835 Lot: 27
Owner's Name: Mercadante, James
Owner's Mailing Address: 1681 Rt. 88 W.
Brick, NJ 08724

BUILDING

Contractor: Dura-Plex, Inc.
Address: 1681 Rt. 88 W.
Brick, NJ 08724
Phone#: [REDACTED]
Lis #: [REDACTED]
Federal Emp # or SSN 23-3082296

ELECTRICAL

Contractor: _____
Address: _____
Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Rip roof, re-roof
over existing
roof with
timberline 30 yr.

Technical Data

Item _____ Quantity _____

Lighting Fixtures _____
Receptacles _____
Switches _____
Detectors _____
Light Poles _____
Motors w/ Fract. HP _____
Emergency & Exit Lights _____
Communication Points _____
Alarm Devices/FAC Panel _____
Total _____

Type of Work

☐ New Building
☐ Addition
☐ Alteration
☒ Roofing
☐ Asbestos Abatement: _____ sq ft

Pool _____

Spa/Hot Tub/Storable Pool _____
Electric Range _____
Oven/Surface Unit _____
Electric Water Heater _____
Electric Dryer _____
Dishwasher _____
Garbage Disposal _____
A/C Unit -Central Air _____
Space Heater/Air Handler _____
Baseboard Heating _____
Motors 1+ HP _____
Transformer/Generator _____
Light Stander _____
Service _____
Subpanel _____
Motor Control Center _____
Sign/Outline Light _____
Furnace _____
Steam Boiler _____
Other: _____

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Building: _____
Volume of Structure: _____
Total Land Disturbed: _____

Cost of Alteration: _____

Cost of New Building: _____

Total Cost of Building Work: 900.00

Estimated Cost of Electrical Work: _____

Signature: James Mercadante

Signature: _____

Contractor: _____
Address: _____
Phone #: _____
Lic #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures

Quantity

Water Closets _____
Urinals/Bidets _____
Bath Tub _____
Lavatory _____
Shower _____
Floor Drain _____
Sink _____
Dishwasher _____
Drinking Fountain _____
Washing Machine _____
Hose Bib _____
Gas Piping _____
Fuel Oil Piping _____
Water Heater _____
Steam Boiler _____
Hot Water Boiler _____
Sewer Pump _____
Interceptor/Separator _____
Backflow Preventer _____
Greasetrap _____
Water Cooled A/C or Refrig. Unit _____
Septic Tank Closure _____
Sewer Service Connection _____
Water Service Connection _____
Active Solar System _____
Auxiliary Meter _____
Sprinkler Heads _____
Sump Pump _____
Other: _____

Estimated Cost of Plumbing Work _____

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

Estimated Cost of Fire Work _____

Contractor: _____
Address: _____
Phone #: _____
Lic #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar
Heating System is _____ New _____ Existing
Location of Furnace/Boiler: _____

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

Flammable Storage Tanks _____ capacity _____ fuel
Combustible Storage Tanks _____ capacity _____ fuel
LPG Storage Tanks _____ capacity _____ fuel

Item _____ Quantity

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
Total _____

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:

CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:

Number of gas/oil fired appliances _____

Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other: _____

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

TOWNSHIP OF BRICK
Debris FormWork Site Address 1681 Rt. 88 W., Brick, NJ 08724Block 835 Lock 27Contractor Dura-Plex, Inc.Contractor's Address 1681 Rt. 88 W., Brick, NJ 08724

Type of Construction (minor, new home) _____

Type of Debris (shingles, siding, wood, etc.) Roof ShinglesParty Responsible for removal MunicipalDumpster Size 30 yd.Destination of Debris Discard Ocean Cty. Landfill

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.

James Mercadante 9.27.04
Signature Date

James Mercadante
Print Name