BLOCK 869.01 LOT 4 + 8 QUALIFICATION CODE _____ ADDRESS (SITE) 1905 Rt. 88, Brick PERMIT NO. 08-0651

REC'D MAR 1 3 2008

CONSTRUCTION PERMIT APPLICATION

08-000994

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

I. IDENTIFICATION

1. Proposed Work Site at CAMP MALL - 1905 Route 88, Brick, NJ
2. Name of Owner in Fee: Cousin's Mall
   Tel. (908) 486-4480 e-mail _____
   Address 400 Ashton Ave., Linden, NJ 07036 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: _____ Tel. ( ) _____
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____
5. Architect or Engineer DISPOSAL SYSTEMS INC FAX: ( ) _____ ✓
   Address P.O. BOX 6696 Contact _____
   Tel. ( ) FREEHOLD NJ 07728 e-mail _____
   609-259-6340
   LIC. NO. NJDEPSA0158
   FED.EMP.NO. 22-2363868
6. Responsible Person in Charge once Work has Begun Ralph Musgrave
   Tel. (609) 259-6340 FAX: ( ) _____

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. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	150.00	

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	

OPTIONAL (for office use only)

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									
3. ☐ Addition									
4. ☐ a. Repair / ☐ b. Alteration / ☐ c. Renovation / ☐ d. Reconstruction									
5. ☐ Fire Protection					3-18-08	DB	6-27-08		
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

Rem. (1) 1000gal UST

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: All Units / Income-restricted
   Before Construction
   After Construction
   Net Gain or Loss

B. NON-RESIDENTIAL
1. State Specific Use: mixed use
2. Use Group:
3. Change in Use Group, Indicate Former:

mainly M

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
10. ☐ Swimming Pools, Spas and Hot Tubs

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	07/02/2008
Control Number	C-08-000994
Permit Number	08-0651
Permit Issue Date	03/20/2008
Certificate Number	08-0651

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1905 ROUTE 88 Brick Township, NJ Block: 869.01 Lot: 4 Qual:

Owner in Fee: COUSINS MALL, INC.

Owner Address: 400 ASHTON ST. LINDEN NJ 07036

Telephone: (908) 486-4480

Contractor: DISPOSAL SYSTEMS INC

Address: P O BOX 6696 FREEHOLD NJ 07728-

Telephone: 609/259-6340 Fax: (609) 259-2407

License Number or Builders Registration Number: 8158NJDEP Federal Emp. Number: 22-2363868

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TANK REMOVAL ACTUAL JOB COST $1500.00; 1000 GALLON UST; LOCATION OF TANK IS NORTHEAST CORNER IN THE BACK NEAR DRY CLEANERS. (COMMERCIAL)

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: 07/02/2008 U.C.C. F260 (rev. 08/05)

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the agent.

NAME OF CARRIER: DISPOSAL SYSTEMS, INC.

CARRIER'S NO. Geographic - Motor

DATE 4/2/08

SHIPPER'S NO. 3955

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of issue of this Original Shipping Order, the property described below in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that any service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

FROM SHIPPER:
(ORIGIN)
Camp Mall
1905 Rte. 88
Brick N.J. 08724

TO CONSIGNEE: Disposal Systems Inc.
STREET Rte. 526
DESTINATION Imlaystown N.J. ZIP CODE 08526

DELIVERING CARRIER | ROUTE | CAR OR VEHICLE INITIALS & NO.

NO. PACKAGES	KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	*WEIGHT (SUBJECT TO CORR.)	CLASS OR RATE	✓	CHARGES (FOR CARRIER USE ONLY)
1	TT 05 gallons Petroleum				
	mixture Liquid NOS	ID#72			
	NON-DOT NON-RCRA				
	NJDEPS8158-1313†				
	24 HR. EMERGENCY RESPONSE (609) 259-6340				

REMIT C.O.D. TO:

COD AMT. $ _____

C.O.D. FEE:
☐ Prepaid
☐ Collect $

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight".

† Shipper's imprints in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

NOTE: When the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
$_____ per _____

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
_____ (Signature of Consignor)

TOTAL CHARGES $
Freight charges are PREPAID unless marked collect. ☐ Check box if charges are Collect.

"This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation".

Shipper, Per _____

Scanned

Permanent post-office address of shipper

Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 08-0651

Date Issued 3/20/08
Permit #

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

Block 869.01 Lot 4 + 8 Qualification Code ____

Work Site Location CAMP MALL — 1905 Route 88 Brick, NJ

Owner in Fee: Cousin's Mall Inc.

Tel. (908) 486-4480 e-mail ____

Address 400 Ashton Ave, Linden, NJ 07036
(street) (municipality) (zip code)

Contractor: Disposal Systems Tel. (609) 259-6340

Address PO BOX 6696, Freehold e-mail ____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. NJDEPS 8158

Fire Protection Equipment, NJ Div of Fire Safety Installer No. ____

Fire Alarm Contractor No. ____ Exp. Date ____

Federal Emp. No. 22-2363868 FAX: ( ) ____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____

Constr. Class: Present ____ Proposed ____

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other ____

Location: ____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel ____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: ____

location of tank - NORTHEAST corner near BACK of dry cleaners - Also there's a dumpster there

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible *Capacity* ____

Total Cost of Fire Protection Work $ 1500—

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 3-18-08

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 6-27-08

Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6-27-08	[initials]
Other tank removal	4-2-08		6-27-08	[initials]

Dates (Month/Day)

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]

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Remove (1) ~~1000~~ 500 gallon UST

Water Supply Source ____

Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other ____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other ____		

COMMERCIAL

Administrative Surcharge $ ____

Minimum Fee $ ____

State Permit Surcharge Fee $ ____

TOTAL FEE $ ____

U.C.C. F140 (rev. 5/05)

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

Reorder From OCS Printing (609) 398-4375

BLK 869.01
4

Phone: (609) 259-6340
Fax: (609) 259-2407
E-mail: dispsysinc@aol.com

Disposal Systems Inc.

RECD JUN 25 2008

P.O. Box 6696 ❖ Freehold, New Jersey 07728

Brick Township
401 Chambers Bridge Road
Brick, NJ 08724
Attn: Construction Department

April 28, 2008
Re: Removal of (1) 550 gallon UST
Name: Camp Mall
Site: 1905 Route 88, Brick, NJ
Permit # 08-0651

To Whom It May Concern:

In March 2008, Disposal Systems Inc. applied for a permit to remove (1) 1000-gallon heating oil underground storage tank. Upon arrival on site, we excavated, cut, cleaned and removed (1) 550-gallon heating oil underground storage tank from the above-mentioned property on April 28, 2008.

The tank was inspected by an official from Brick Township's Construction Department, no visible holes were seen in the tank and no visible soil contamination was evident therefore DSI was given approval to backfill the excavation.

Enclosed, please find a bill of lading for the oil and sludge that was pumped from the tank and disposed of at Clean Water of NY located in Staten Island, NY and a copy of the tank's scrap receipt from A & A Iron & Metals, Freehold, NJ is enclosed.

I trust this is the information you require to close out this permit.

Yours truly,

April G. Musgrave

April G. Musgrave
DSI Office Manager
AGM/kml

Enclosures

Originals to: Geographic Services
7 Wyoming Avenue
Audubon, NJ 08016
ATTN: Peter Niculescu, P.G.

Weigh Ticket

44189

A & A IRON & METALS
80 Hendrickson Rd.
Freehold, NJ 07728
(732) 780-4962

☐ DRIVER IN TRUCK

☐ DRIVER NOT IN TRUCK

04:25 PM 05/07/08
53280 lb Gross
00 lb Tare
53280 lb Net

04:40 PM 05/07/08
46860 lb Gross
00 lb Tare
46860 lb Net

Commodity MIX

Customer Name DSI

Address POLICE Farmingdale

Vehicle Title - Yes ☐ No ☐

Remarks

Signature _____ Date 5/7/08

Weighmaster's Signature _____ Date _____

Driver's signature above certifies legal ownership of material being sold and transfers ownership of said materials to A & A Iron & Metals

CONSTRUCTION PERMIT

Date Issued 3/20/2008
Control # C-08-000994
Permit # 08-0651

IDENTIFICATION Block: 869.01 Lot: 4 Qualifier
Work Site Location: 1905 ROUTE 88 Brick Township, NJ

Owner in Fee: COUSINS MALL, INC.
400 ASHTON ST. LINDEN NJ 07036
Telephone: (908) 486-4480

Contractor: DISPOSAL SYSTEMS INC
Address: P O BOX 6696 FREEHOLD NJ 07728-
Telephone: 609/259-6340
Lic. No. or Bldrs. Reg. No. 8158NJDEP
Federal Employee. No. 22-2363868

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:

TANK REMOVAL ACTUAL JOB COST $1500.00; 1000 GALLON UST; LOCATION OF TANK IS NORTHEAST CORNER IN THE BACK NEAR DRY CLEANERS. (COMMERCIAL)

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 $300

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$150
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$150
Check No.	5847
Cash	$0
Credit	$0
Collected By	Inspection Account

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.

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials
03-14-08	called contractor - where exactly is this tank? Is it for	
	1 particular store or for the whole mall, I left:	
	-northeast corner near back of dry cleaners	
	-also dumpster is there -	

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, count y, 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, count y, 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.

DISPOSAL SYSTEMS INC
P.O. BOX 6696
FREEHOLD NJ 07728
609-259-6340
LIC. NO. NJDEPS-8158
FED.EMP. NO. 22-2363868

Agent Name _____

Address _____

_____

Telephone ( ) _____

Signature _____

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