BLOCK 831 LOT 38 QUALIFICATION CODE _____ ADDRESS (SITE) 1625 Edge St Brick NJ 08723 PERMIT NO. 16-3190

# CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

**Applicant Completes: Sections I, II, III (optional), IV, VI, and VII** C-16-004316

## I. IDENTIFICATION

1. Proposed Work Site at: 1625 Edge St Brick NJ 08723
2. Name of Owner in Fee: Anthony Sesta
   [redacted] e-mail _____
   Address 1625 Edge St (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Mulberry Management LLC Tel. (732) 597-0024
   Address 170 Oberlin Ave N Suite #6 e-mail zack@mulberrymgmt.com
   Lakewood, NJ 08701
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason 13vh08025000
   Federal Emp. ID No. _____ FAX: (732) 719-5863
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Zechariah Greenspan
   Tel. (732) 597-0024 FAX: (732) 719-5863

## V. FEE SUMMARY (for office use only)

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ 200 | | |
| 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 | | | |
| 10. Subtotal | $ | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | | | |
| 13. TOTAL | $ 200 | | |

## 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
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☒ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

Demo

## IIb. SUBCODES

(Check all that apply)

| | Est. Cost | FOR OFFICE USE ONLY (Optional) Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|
| ☒ Building | 5,000 | | | | | | | | |
| ☐ Electrical | | | | | | | | | |
| ☐ Plumbing | | | | | | | | | |
| ☐ Fire Protection | | | | | | | | | |
| ☐ Elevator | | | | | | | | | |
| TOTAL COST | $5,000 | | | | | | | | |

## VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group, Proposed: R-5
3. Change in Use Group, Indicate Present: Select Group
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: Select Group
3. Change in Use Group, Indicate Presen Select Group

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/9/2018
Control Number C-16-004376
Permit Number 16-3190
Permit Issue Date 9/13/2016
Certificate Number 16-3190

# Certificate

Construction Code Division

(Certificate of Approval)

## Identification

Work Site Location: 1625 EDGE ST. Brick Township, NJ Block: 831 Lot: 38 Qual:

Owner in Fee: SESTA, ANTHONY C/O KIM SESTA

Owner Address: 1358 HOOPER AVE #308 TOMS RIVER NJ 08753

Telephone: [redacted]

Contractor MULBERRY MANAGEMENT LLC

Address 170 OBERLIN AVENUE N SUITE 6 LAKEWOOD NJ 08701

Telephone: (732) 813-3200 Fax: (732) 719-5863

License Number or Builders Registration Number: Federal Emp. Number: 461575287

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: DEMOLITION SINGLE FAMILY DWELLING

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: 11/9/2018*

U.C.C. F260 (rev. 08/05)

**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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 Mulberry Management LLC Zechariah Greenspan

Address 170 Oberlin Ave N Suite #6

Lakewood, NJ 08701

Telephone (732) 597-0024

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received / Control # 9/13/16

Date Issued / Permit # 16-3190

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

Block 831 Lot 38 Qualification Code

Work Site Location 1625 Edge St a.k.a. 1639 W. PRINCETON AVE.
Brick NJ 08723

Owner in Fee: Anthony Sesta

Tel [redacted] e-mail

Address 1625 Edge St (street) Brick (municipality) 08723 (zip code)

Contractor: Mulberry Management LLC Tel. (732) 597-0024

Address 170 Oberlin Ave N Suite# 5 e-mail zack@mulberrymgmt.com
Lakewood, NJ 08701

Contractor License No. or Builder Registration No. 13vh08025000 Exp. Date 03/31/2017

Home Improvement Contractor Registration No. or Exemption Reason 13vh08025000

Federal Emp. ID No. FAX: (732) 719-5863

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [ ] Exterior | | |
| [ ] Interior | | |

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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 | | | 10.22.16 | |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

**Use Group** Present r5 Proposed r5

**Constr. Class** 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

Occupancy Load

If Industrialized Building:
State Approved HUD

**Est. Cost of Bldg. Work:**

1. New Bldg. $
2. Rehabilitation $ 5,000
3. Total (1+ 2) $ 5,000

**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: Zechariah Greenspan

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
Demolish house and back fill to grade

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
- [ ] Other _____
- [X] Demolition

FEE (Office Use Only)
$

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

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.

MERCER GROUP
INTERNATIONAL
PHONE (609) 393-4834 FAX (609) 394-6839

# MERCER GROUP INTERNATIONAL

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HORIZON
DISPOSAL SERVICES
A Division of MGI
PHONE (609) 341-9100 FAX (609) 341-9191

## SCALE TICKET

### Purchase

| | |
|---|---|
| Vendor: | 217936 |
| ASHPA MANAGEMENT<br>PO BOX 972<br>LAKEWOOD, NJ 08701<br><br>EMAIL / ESCROW - BILL SEPERATELY | |

| | |
|---|---|
| Hauler: | 208197 |
| HORIZON DISPOSAL (CARRIER)<br>1519 CALHOUN ST<br>TRENTON NJ 08638 | |

| | |
|---|---|
| Location: | |
| ASHPA<br>1625 EDGE ST<br>BRICK, NJ 08724 | |

| | |
|---|---|
| Ticket No. | 741485 |
| P/U Date | 09/22/2016 |
| Dispatch Ticket | 282777-0 |
| Container/Bin | |
| Truck/Trailor | 725 |
| Carrier | HORIZON DISPOSAL (CARRIE |
| Ref.No. | |

ADDITIONAL INFORMATION
Mill #:

| Date | Time | Weights | | OPERATOR |
|---|---|---|---|---|
| 09/22/2016 | 09:36:08 | Gross | 39,500 | will70 |
| 09/22/2016 | 09:45:55 | Tare | 30,040 | will70 |
| | | Net lbs | 9,460 | Manual |
| | | Net NT | 4.73 | |

Accepted Commodities and Adjustments

| Item | Net before | Adjustments | Deduct. | Net Weights | Commodities | |
|---|---|---|---|---|---|---|
| 1 | 9,460 | | | 9,460 | Construction and Demolition 210/75 | 70 - 1 |
| | 9,460 | | 0 | 9,460 | | |

Veh No.: 01454
Plate No.: ap271f
Trailer No.:
Cont. No.: 205248

Signature: _____

Origin:
BRICK TOWNSHIP OCEAN

MERCER GROUP INTERNATIONAL
PHONE (609) 393-4834 FAX (609) 394-6839

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## SCALE TICKET

### Purchase

| Vendor: | 217936 |
|---|---|
| ASHPA MANAGEMENT<br>PO BOX 972<br>LAKEWOOD, NJ 08701<br><br>EMAIL / ESCROW - BILL SEPERATELY | |

| Hauler: | 208197 |
|---|---|
| HORIZON DISPOSAL (CARRIER)<br>1519 CALHOUN ST<br>TRENTON NJ 08638 | |

| Location: |
|---|
| ASHPA<br>1625 EDGE ST<br>BRICK, NJ 08724 |

| | |
|---|---|
| Ticket No. | 741624 |
| P/U Date | 09/26/2016 |
| Dispatch Ticket | 282960-0 |
| Container/Bin | |
| Truck/Trailer | 727 |
| Carrier | HORIZON DISPOSAL (CARRIE |
| Ref.No. | |

ADDITIONAL INFORMATION
Mill #:

| Date | Time | Weights | | OPERATOR |
|---|---|---|---|---|
| 09/26/2016 | 13:58:28 | Gross | 56,040 | will70 |
| 09/26/2016 | 14:31:20 | Tare | 39,460 | will70 |
| | | Net lbs | 16,580 | Manual |
| | | Net NT | 8.29 | |

Accepted Commodities and Adjustments

| Item | Net before | Adjustments | Deduct. | Net Weights | Commodities | |
|---|---|---|---|---|---|---|
| 1 | 16,580 | | | 16,580 | | 70 - 1 |
| | 16,580 | | 0 | 16,580 | | |

Veh No.: 01494
Plate No.: ap657n
Trailer No.:
Cont. No.: 205359

Origin:
BRICK TOWNSHIP OCEAN

Signature: _____

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## SCALE TICKET

### Purchase

| | |
|---|---|
| Ticket No. | 741538 |
| P/U Date | 09/23/2016 |
| Dispatch Ticket | 282848-0 |
| Container/Bin | |
| Truck/Trailer | 704 |
| Carrier | HORIZON DISPOSAL (CARRIE |
| Ref.No. | |

ADDITIONAL INFORMATION
Mill #:

| Vendor: 217936 |
|---|
| ASHPA MANAGEMENT<br>PO BOX 972<br>LAKEWOOD, NJ 08701<br><br>EMAIL / ESCROW - BILL SEPERATELY |

| Hauler: 208197 |
|---|
| HORIZON DISPOSAL (CARRIER)<br>1519 CALHOUN ST<br>TRENTON NJ 08638 |

| Location: |
|---|
| ASHPA<br>1625 EDGE ST<br>BRICK, NJ 08724 |

| Date | Time | Weights | | OPERATOR |
|---|---|---|---|---|
| 09/23/2016 | 09:12:13 | Gross | 47,180 | will70 |
| 09/23/2016 | 09:23:36 | Tare | 37,900 | will70 |
| | | Net lbs | 9,280 | Manual |
| | | Net NT | 4.64 | |

Accepted Commodities and Adjustments

| Item | Net before | Adjustments | Deduct. | Net Weights | Commodities | |
|---|---|---|---|---|---|---|
| 1 | 9,280 | | | 9,280 | | 70 - 1 |
| | 9,280 | | 0 | 9,280 | | |

Veh No.: 01466
Plate No.: ap493k
Trailer No.:
Cont. No.: 205701

Signature: _____

Origin:
BRICK TOWNSHIP OCEAN

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## SCALE TICKET

### Purchase

| | |
|---|---|
| Vendor: | 217936 |
| ASHPA MANAGEMENT<br>PO BOX 972<br>LAKEWOOD, NJ 08701<br><br>EMAIL / ESCROW - BILL SEPERATELY | |

| | |
|---|---|
| Hauler: | 208197 |
| HORIZON DISPOSAL (CARRIER)<br>1519 CALHOUN ST<br>TRENTON NJ 08638 | |

| |
|---|
| Location: |
| ASHPA<br>1625 EDGE ST<br>BRICK, NJ 08724 |

| | |
|---|---|
| Ticket No. | 741542 |
| P/U Date | 09/23/2016 |
| Dispatch Ticket | 282863-0 |
| Container/Bin | |
| Truck/Trailer | 716 |
| Carrier | HORIZON DISPOSAL (CARRIE |
| Ref.No. | |

ADDITIONAL INFORMATION
Mill #:

| Date | Time | Weights | | OPERATOR |
|---|---|---|---|---|
| 09/23/2016 | 09:28:14 | Gross | 47,960 | will70 |
| 09/23/2016 | 09:50:54 | Tare | 37,780 | will70 |
| | | Net lbs | 10,180 | Manual |
| | | Net NT | 5.09 | |

**Accepted Commodities and Adjustments**

| Item | Net before | Adjustments | Deduct. | Net Weights | Commodities | |
|---|---|---|---|---|---|---|
| 1 | 10,180 | | | 10,180 | | 70 - 1 |
| | 10,180 | | 0 | 10,180 | | |

Veh No.: 01474
Plate No.: AP500K
Trailer No.:
Cont. No.: 205503

Signature: _____

Origin:
BRICK TOWNSHIP OCEAN

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# SCALE TICKET

## Purchase

| | |
|---|---|
| Ticket No. | 741560 |
| P/U Date | 09/23/2016 |
| Dispatch Ticket | 282862-0 |
| Container/Bin | |
| Truck/Trailer | 704 |
| Carrier | HORIZON DISPOSAL (CARRIE |
| Ref.No. | |

ADDITIONAL INFORMATION
Mill #:

| Vendor: | 217936 |
|---|---|
| ASHPA MANAGEMENT<br>PO BOX 972<br>LAKEWOOD, NJ 08701<br><br>EMAIL / ESCROW - BILL SEPERATELY | |

| Hauler: | 208197 |
|---|---|
| HORIZON DISPOSAL (CARRIER)<br>1519 CALHOUN ST<br>TRENTON NJ 08638 | |

| Location: |
|---|
| ASHPA<br>1625 EDGE ST<br>BRICK, NJ 08724 |

| Date | Time | Weights | | OPERATOR |
|---|---|---|---|---|
| 09/23/2016 | 12:19:21 | Gross | 59,240 | will70 |
| 09/23/2016 | 12:33:55 | Tare | 36,820 | will70 |
| | | Net lbs | 22,420 | Manual |
| | | Net NT | 11.21 | |

Accepted Commodities and Adjustments

| Item | Net before | Adjustments | Deduct. | Net Weights | Commodities | |
|---|---|---|---|---|---|---|
| 1 | 22,420 | | | 22,420 | | 70 - 1 |
| | 22,420 | | 0 | 22,420 | | |

Veh No.:
Plate No.:
Trailer No.:
Cont. No.:

Origin:

Signature: _____

# CONSTRUCTION PERMIT

Date Issued 09/13/2016
Control # C-16-004376
Permit # 16-3190

IDENTIFICATION Block: 831 Lot: 38 Qualifier
Work Site Location: 1625 EDGE ST. Brick Township, NJ
Owner in Fee SESTA, ANTHONY C/O KIM SESTA
1358 HOOPER AVE #308 TOMS RIVER NJ 08753
Telephone: [redacted]

Contractor MULBERRY MANAGEMENT LLC
Address 170 OBERLIN AVENUE N SUITE 6 LAKEWOOD NJ 08701
Telephone: (732) 813-3200
Lic. No. or Bldrs. Reg. No. 13VH08025000 13VH08025000
Federal Employee. No. 461575287

**Is hereby granted permission to perform the following work:**

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

DESCRIPTION OF WORK:
DEMOLITION SINGLE FAMILY DWELLING

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $200 |
| Electrical | $0 |
| Plumbing | $0 |
| Fire Protection | $0 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $0 |
| CO Fee | |
| Other | $0 |
| Total | $200 |
| Check No. | 1503 |
| Cash | $0 |
| Credit | $0 |
| Collected By | Matthew Fagen |

**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** $5,000

Daniel F Neuwirth MFE
Construction Official

9/13/16
Date

U.C.C. F170
equiv (rev 1/04)

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.

- [x] 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.

# TOWNSHIP OF BRICK

## DEBRIS FORM

**WORK SITE ADDRESS:** 1625 Edge St

**BLOCK:** 831 **LOT:** 38

**CONTRACTOR:** Mulberry Management LLC

**CONTRACTOR'S ADDRESS:** 170 Oberlin Ave N. Suite #6 Lakewood NJ 08701

**Type of Construction**(minor, new home): Demolition

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

**Party responsible for removal:** Horizon

**Dumpster Size:** 40 100 yds

**Destination of Debris:** Ocean County 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-recyclables.**

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 I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Signature

9/13/16
Date

Zechariah Greenspan
Print Name

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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R PLUMBER'S
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# State Of New Jersey
## New Jersey Office of the Attorney General
## Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
**Division of Consumer Affairs**

**HAS REGISTERED**

MULBERRY MANAGEMENT LLC
Zechariah Greenspan, Shlomo Katz
170 Oberlin Avenue North
Suite 6
Lakewood NJ 08701

**FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor**

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
MULBERRY MANAGEMENT LLC
Home Improvement Contractor

NOT AN ELECTRICIANS OR PLUMBERS LICENSE

02/10/2016 TO 03/31/2017
VALID

SIGNATURE

13VH08025000
License/Registration/Certificate #

ACTING DIRECTOR

PLEASE DETACH HERE

**IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:**
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

**02/10/2016 TO 03/31/2017**
VALID

Signature of Licensee/Registrant/Certificate Holder

**13VH08025000**
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

PLEASE DETACH HERE

**MULBERRY MANAGEMENT LLC** EXPIRATION DATE **2017**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 08025000** . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

**Division of Consumer Affairs**
**P.O. Box 46016**
**Newark, NJ 07101**

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

**If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.**

Mulberry Management, LLC.

1970 Swarthmore Ave., U5, Lakewood, NJ 08701

Re: 1625 Edge St Brick NJ 08723 09/12/16

Please be advised that all friable asbestos or asbestos-containing material that will become friable during demolition or removal will be properly abated according to all the State laws of NJ.

Sincerely,

Zack Greenspan

Phone: (732)813-3200 Fax: (732)719-5863

New Jersey Natural Gas

September 9, 2016

MULBERRY MANAGEMENT LLC
c/o ZACK GREENSPAN
1970 Swarthmore, Suite 5
LAKEWOOD NJ 08701

**Gas Service Disconnection**

**RE:** 1625 Edge St., Brick (9602601)
**Email:**
**FAX:** 732-719-5863

Per your request, New Jersey Natural Gas has investigated the above referenced property for the presence of natural gas facilities. The facilities (if any) have been permanently disconnected at the main, which may be in the road or behind the curb line.

***********IMPORTANT***********

**PLEASE READ CAREFULLY**

**SHOULD YOU REQUIRE GAS SERVICE RESTORED, PLEASE FOLLOW THE DIRECTIONS BELOW:**

1. **Call 1-800-221-0051, a minimum of 6 business weeks prior to the estimated reconnection date. This is necessary for us to obtain permits required to restore your service.**

2. When you call, please ask to speak to a **Marketing Representative**, who will assist you to have a new gas service line installed.

3. Please be advised that the new service line must be installed according to the current company installation standards.

c. NBPT
File
9602601

mlc

Jersey Central Power & Light
A FirstEnergy Company

DEMOLITION/SERVICE REMOVAL/RELOCATION LETTER

8/5/2016

M & T Bank
1 Fountain Plaza
Buffalo NY 14203

FAX: 732-719-5863

**RE:** Notification 336123228 – 1625 Edge St, Brick NJ 08724

Dear Customer:

This letter confirms and gives notice that, effective as of the above date, Jersey Central Power & Light Company ("JCP&L" or "Company") has (1) removed or relocated its electric service cable(s) and meter(s) (the "Company Facilities") from, at, or on, the above referenced service location (the "Service Location") as you requested in order to accommodate proposed demolition and/or other construction activity; and (2) inspected to confirm that the requested removal or relocation of the Company Facilities at the Service Location has been completed. Please note that there may be other structures located around, at, or on the Service Location that continue to have electric service.

**PLEASE REMEMBER:** notwithstanding this confirmation and notice, you and your contractors are responsible to conduct all demolition and/or construction activities safely and in compliance with all applicable permits, laws and regulations governing such activity at the above-referenced Service Location including, but not limited to, demolition and/or construction activities undertaken around any other structures with an active electric service.

JCP&L would also like to take this opportunity to further remind you of the need to maintain proper clearance distance between buildings and power lines. The minimum clearance distances are set forth in the National Electrical Safety Code ("NESC"), which is the standard to which New Jersey electric public utilities, such as JCP&L, build and maintain their electric systems. Depending on the circumstances, construction and/or demolition activities may also be subject to additional standards such as, among other things, those found in the National Electrical Code ("NEC") and the Occupational Safety and Health Act ("OSHA").

Involving JCP&L early in the construction planning process may, where practicable, avoid the need for relocating and/or removing electrical facilities. Failing to plan for these clearance requirements early in the planning process may result in increased additional costs to the property owner in order to address later identified safety concerns. After construction is completed, the practicability of relocating utility facilities may be compromised or eliminated. This can lead, among other things, to (1) increased costs to the property owner, (2) the possible need for modifications (including demolition) to the newly constructed structure, and/or (3) the possible loss of electric service at the property until such conditions are rectified. Reviewing available options in advance of construction provides the property owner with the best opportunity to potentially avoid or reduce the risk of personal injury, property damage and/or increased costs.

JCP&L seeks to promote public safety and encourage close cooperation in addressing these issues efficiently and effectively prior to construction. Please contact JCP&L at 1-800-662-3115 in order to discuss the proximity of any future project to nearby power lines. The Company will schedule a field appointment with you so that the site and the proposed project can be reviewed with respect to the NESC minimum clearance requirements. Thank you for your prompt attention to this very important matter.

Yours truly,
**Jersey Central Power and Light Company**
Pt Pleasant Operations

(80112713:1)

BRICK UTILITIES
THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 Highway 88 West * Brick, New Jersey 08724-2399
(732) 458-7000 * FAX (732) 458-5378
www.brickmua.com



September 13, 2016

NATIONSTAR MORTGAGE
350 HIGHLAND DR
LEWISVILLE TX 75067-4177

Account: 12328006-0
Service Location: 1625 EDGE ST
Block: 831_38
Subject: Building to Be Demolished and Reconstructed

Dear Customer,

This is to certify that the water and sewer service at the subject property has been terminated and the water metering system has been removed.

At this time you have the option to inactivate your account with us. However, you may be subject to a reconnection fee upon reactivation if there has been a rate increase. All requests must be in writing to us. Please call our office with any questions concerning this matter.

Respectfully yours,

BEV
Customer accounts representative