Called 11/20 mailed in

BLOCK 565 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 2597 Old Hooper Av. PERMIT NO. 04-0292

[redacted]

NEW JERSEY UNIFORM CONSTRUCTION CODE CONSTRUCTION PERMIT APPLICATION

C25.97

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

I. IDENTIFICATION

1. Propsed Work Site at: 2597 Old Hooper Ave.
2. Name of Owner in Fee: George Toms Tel. (732) 477-4665
   Address 2597 Old Hooper Ave. (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee. Public _____ Private V
4. Principal Contractor: Hydroscreme Inc. Tel (732) 349-9692
   Address P.O. Box 4978 Toms River NJ 08754
   License No. OR, if new home, Builder Reg. No _____ Exp. Date _____
   Federal Employee No 22-3207567 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work M. Lavigne
   Tel. (732) 349-9692 FAX (732) 349-9729

Removal of one 275 gallon aboveground storage tank

V. FEE SUMMARY (for office use only)

			Update	Update
1	Building	209.83 $		
2.	Electrical			
3.	Plumbing			
4	Fire Protection	66		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 66		

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	

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	V Minor Work	400.00		11/13						
2	[ ] New Building									
3.	[ ] Addition									
4	[ ] Alteration									
5.	V Fire Protection					11-18-04	CD	8/18/04		OK
6.	[ ] Plumbing									
7.	[ ] Electrical									
8.	[ ] Elevator Devices									
9.	[ ] Asbestos Abat. Subch. 8									
10.	[ ] Lead Hazard Abatement									
11.	[ ] Demolition									
	TOTAL COSTS	400.00								

OPTIONAL (for office use only)

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

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 10305985

U.C.C. F100-1 (rev. 3/96)

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 compiy 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 HYDROSCIENCE, INC

Address P.O. BOX 4978
TOMS RIVER, NJ 087
(732) 349-9692

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		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		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.				

Refer to Office Of Inspection

PLAN REVIEW RECORD

NAME: _____ DATE: _____

SITE ADDRESS: _____ BLOCK: _____ LOT: _____

BUILDING DESCRIPTION: _____ PAGE 1 OF _____

RESUB		DATE	NO.	VIOLATION	CODE SECTION
OK	NO				

FIRST PHONE: ____/____/____ ☐ LEFT MESSAGE ON MACHINE ☐ FAXED: ____/____/____

INITIALS: _____ ☐ LEFT MESSAGE WITH _____

SECOND PHONE: ____/____/____ ☐ LEFT MESSAGE ON MACHINE ☐ FAXED: ____/____/____

INITIALS: _____ ☐ LEFT MESSAGE WITH _____

COMMENTS: _____

_____

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/05/2004
Control #
Permit # 04-0292

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 565 Lot 1 Qual

Work Site Location 2597 HOOPER AVE
TANK REMOVAL
Owner in Fee TONI, GEORGE
Address SAME
BRICK, NJ 08723-
Telephone (732)477-4665

Contractor HYDROSCIENCE, INC
Address P O BOX 4978
TOMS RIVER, NJ 08754-
Telephone (732)349-9692
Lic. No. or Pldrs. Reg. No.
Federal Emp. No. 22-3207567

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REMOVAL OF 1 275 GALLON ABOVE GROUND STORAGE TANK
ACTUAL COST $400

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 $ 100

D F Newman Jr 02/05/2004
Construction Official Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.84E

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	66
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	66
Check No.	20983
Cash	
Collected By	JB

02/05/04 12:10PM 000000#6718
XX06 SERV.006
#040292
FIRE $66.00
CHECK $66.00

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

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 11/13/2003
Date Issued 2/5/04
Control # C25-97
Permit # 04-0292

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

Block 565 Lot 1 Qual
Work Site Location 2597 HOOPER AVE
TANK REMOVAL
Owner in Fee TOMI, GEORGE
Address SAME
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor HYDROSCIENCE, INC
Address P O BOX 4978
TOMS RIVER, NJ 08754-
Tele.(732)349-9692
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3207567

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 100

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 11 18 03
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO
Date: 8/18/04
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final			8/18/04	
Other tank			8-18-04	

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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other TANK REMOVAL		66
Other		0

- Call for Visual
- need tank/oil Report

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 66
DCA State Permit Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 565 Lot 1
Work Site Location 2597 Old Hooper Ave.
Owner in Fee George Tomi
Address 2590 Old Hooper Ave. Brick
Tele. (732) 477-4445
Contractor
Address HYDROSCIENCE, INC. P.O. BOX 4978 TOMS RIVER, NJ 08755
Tele. ( ) (732) 349-9692 Fax (732) 349-9729
Lic. No.
Federal Emp. No. 22-3207527

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ____
Total Cost of Fire Protection Work $ 400.00

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: ____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: ____
Approved by: ____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: ____
Approved by: ____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other ____				

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.

Michele Harlepe /MS
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Removal of one 275 gallon aboveground storage tank

Water Supply Source ____
Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System		
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		
Halon Suppression		
Other ____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other ____		

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

UCC F140
(rev 3/96)

TANK ABATEMENT OR
ASBESTOS ABATEMENT NOTIFICATION

Date: _____

Project: George Tomi

Street: 2597 Old Hooper Ave.

Town: Brick

Contractor: Hydroscience, Inc. License No. US00702

Address: P.O. Box 4978, Toms River, NJ 08753

A.S.C.M: N/A - License No. _____

Address: _____

OSHA AIR MONITOR: N/A

Address: _____

BUILDING OWNER: George Tomi

Street: 2597 Old Hooper Ave

Town: Brick

Phone: 732-477-4665 County: Ocean Zip 08723

Engineer/Architect: N/A

Street: _____

Town: _____

Phone: _____ County _____ Zip _____

Waste Hauler: Hydroscience, Inc. license No. US24430

Address: P.O. Box 4978, Toms River, NJ 08753

Land Fill: N/A

Town: _____

Job Size: (Circle one) Minor XXXXXXXXX Small _____ Large _____

Quantity of Waste Generated: (All applicable)

Cu. Yds N/A

Linear Footage: _____

Square Footage: _____

Proposed Start Date: ASAP Proposed Finish Date: _____

Cost of work: $ $400.00

Construction permit number: _____ Date issued: _____

OS43A

1-19-89

04-0292 5651/1

Hydroscience Group ®
HYDROSCIENCE, INC., P. O. BOX 4978, TOMS RIVER, NEW JERSEY 08754
PHONE 732-349-9692 FAX 732-349-9729

August 5, 2004

Kristi Shay Construction
63 Channel Drive
Brick, NJ 08723

RE: Aboveground tank removal at 2597 Old Hooper Avenue, Brick, NJ

To Whom It May Concern:

On February 5, 2004, Hydroscience, Inc. removed one 275-gallon aboveground heating oil tank from the above referenced address. Upon removal of the tank, no evidence of a discharge was noted. The storage tank was cleaned and disposed of according to NJDEP standards.

All the necessary tank removal documents were submitted to the Brick Township Building Department in order to properly close this permit with the township. A copy of the tank recycling receipt has been included for your records.

Hydroscience, Inc. is pleased to have served your environmental needs. Should you have any questions or concerns, please do not hesitate to contact our office at (732) 349-9692.

For the firm:
Hydroscience, Inc.

Sandra L. Tice
Administrative Assistant

cc: Brick Twp. Bldg. Dept.
ref: Tank Pull AST.doc

Hydroscience Group ®
HYDROSCIENCE, INC., P.O. BOX 273, LANOKA HARBOR, NEW JERSEY 08734
PHONE 732-349-9892 FAX 732-349-9729

Certification of Tank Disposal

(In accordance with the NJ Department of Environmental Protection Standards)

Client: Kristi-Shay Job Number: 3122-010 Date: 2-5-01

Tank Size: 275 Type: Steel Condition: Good

Prior Contents: #2 heating oil

Tank Markings: _____

This is to certify that the tank described above has been cleaned in accordance with NJDEP standards methods and procedures and has been rendered suitable for disposal as scrap metal. All product residues were removed and the interior of the tank was tested and found to be free of harmful vapors.

Hydroscience, Inc. Technician: Erik Schisler Date: 2/5/01

Print Name: Erik Schisler

This is to certify that the tank described above has been received for disposal and will be disposed of in accordance with applicable regulatory requirements.

Signed: _____ Disposal Facility: _____ Date: _____

Print Name: _____

Comments: _____

Brick Recycling Co., Inc
2480 Hooper Avenue
Brick New Jersey 08723