

HESS STATION

BLOCK 1170.01 LOT 4,5,6 QUALIFICATION CODE _____ ADDRESS (SITE) 1672 ROUTE 88PERMIT NO. 13-1543BLDG.
Dsmo

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-13-002112

I. IDENTIFICATION

1. Proposed Work Site at: 1672 ROUTE 88 HESS STATION2. Name of Owner in Fee: HESS REALTY CORPORATIONTel. (732) 750 6000

e-mail _____

Address 1 HESS PLAZA WOODBRIDGE NJ 070953. Ownership in Fee: Public _____ Private X4. Principal Contractor: H.A. FERNOT CO. INC Tel. (973) 575 8376Address 32 KUCICK ROAD e-mail _____FAIRFIELD NJ 07004

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

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

Federal Emp. ID No. 22-2282264 FAX: (973) 575-77045. Architect or Engineer BOHLEN ENGINEERING Contact PAUL ROYERAddress 35 TECHNOLOGY DR. FAIRFIELD NJ 07004Tel. (908) 668-8300 FAX: (908) 754-44016. Responsible Person in Charge once Work has Begun RANDY MITCHELL ✓Tel. (973) 575 8376 FAX: (973) 575 7704

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
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	\$		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	<u>1 1/2</u>	
2. Height of Structure		ft.
3. Area — Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved		HUD
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
		<u>CR 4-10-13</u>						

TOTAL COST 10,000

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
 2. Use Group, Proposed: _____
 3. Change in Use Group, Indicate Present: _____
 4. No. of dwelling units: Total Units Income-restricted
 Gained, Sale _____
 Gained, Rental _____
 Lost, Sale _____
 Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: GAS STATION
 2. Use Group, Proposed: M
 3. Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s): _____

- D. Construct. Classification: Present _____
 Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
 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 05/04/2013
Control Number C-13-002112
Permit Number 13-1543
Permit Issue Date 04/11/2013
Certificate Number 13-1543

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1672 ROUTE 88 Brick Township, NJ Block: 1170.01 Lot: 4 Qual: _____
Owner in Fee: HESS REALTY CORPORATION
Owner Address: PO BOX 696419 SAN ANTONIO NJ 78269
Telephone: (732) 750-6000
Contractor: H. A. Fernot Company, Inc.
Address: 32 Kulick Road Fairfield NJ 07004
Telephone: (973) 575-8376 Fax: (973) 575-7704
License Number or Builders Registration Number: 4497 Federal Emp. Number: 22-228224

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: DEMOLITION OF COMERCIAL STRUCTURE

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: _____



CONSTRUCTION PERMIT

Date Issued _____
Control # C-13-002112
Permit # 13-1543

IDENTIFICATION Block: 1170.01 Lot: 4 Qualifier _____
Work Site Location: 1672 ROUTE 88 Brick Township, NJ Contractor H. A. Fernot Company, Inc.
Address 32 Kulick Road Fairfield NJ 07004
Owner in Fee HESS REALTY CORPORATION
PO BOX 696419 SAN ANTONIO NJ 78269 Telephone: (973) 575-8376
Telephone: (732) 750-6000 Lic. No. or Bldrs. Reg. No. 4497
Federal Employee No. 22-228224

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:

DEMOLITION OF COMERCIAL STRUCTURE

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 \$10,000

Construction Official _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

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

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.



BUILDING SUBCODE TECHNICAL SECTION



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

Block 1170.01 Lot 4, 5, 6 Qualification Code _____

Work Site Location Hess Station 1672 Route 88

Owner in Fee: Hess Realty

Tel. (732) 750 6000 e-mail _____

Address 1 Hess Plaza Woodbridge NJ 07095

Contractor: H.A. FERNOT CO., INC. Tel. (973) 575-8376

Address 32 KULICK ROAD, FAIRFIELD, NJ 07004 e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Federal Emp. ID No. 22-2282264 FAX: (973) 575-7704

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
			Type:		Failure	Approval
☐ No Plans Required			Footings			
☐ All			Footings Bonding			
☐ Footing			Foundation			
☐ Foundation			Slab			
☐ Frame			Frame			
☐ Other			Truss Sys./Bracing			
Joint Plan Review Required:			Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation			
SUBCODE APPROVAL			Finishes -Base Layer			
☐ CO ☐ CCO			Finishes -Final			
Date: <u>04/25/13</u>			Energy			
			Mechanical			
			TCO			
Approved by: <u>[Signature]</u>			Other			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ <u>10,000.00</u>
No. of Stories			2. Rehabilitation \$ <u>10,000.00</u>
Height of Structure			3. Total (1+2) \$ <u>20,000.00</u>
Area - Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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 Rodney Mitchell

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DEMOLITION AND REMOVAL OF
EXISTING 800 SQ. FT. BLOCK
BUILDING.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other
- ☒ Demolition

FEE (Office Use Only)

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

H.A. Fernot Co., Inc.

32 Kulick Road
Fairfield, NJ 07004
Tel: (973) 575-8376 Fax: (973)-575-7704

To:.....Melanie - Brick Twp. Building Department
Fax:.....732-262-2941

From:Sue Benjamin
Company:.....H. A. Fernot Co., Inc.

Date sent: 4/17/13
Time sent: 1:50 PM

4 pages including cover

Following are the (3) load tickets as per your request.
Demo Permit # 13-1543

Please call with scheduled time for inspection on Friday 4/19/13
or with any questions you may have.

Thank you.

From:

04/17/2013 13:47

#580 P.002/004

04/17/2013 12:54 FAX 7322444236

OCEAN UTILITY

001/003

HA Remot

OCEAN COUNTY LANDFILL
MANCHESTER, NJ 08756

Customer: SAN20
SANZARO DISPOSAL SERVICES LLC
1497 LAKEWOOD ROAD

TOMS RIVER, NJ 08756

Dep. #: 33103AB
% Of Load Material

100.00 132

X11427T ROLL OFF #80113

Location
BRICK TWP

30

29288 lb
14,680 lb

0.00

67860 lb In
38520 lb Out

Date: 4/15/13

FACILITY ID: No. 15188
Ticket No: 1520471

QBINV# 1504 GENERATED
ENTERED AS QBILL
WEIGHT LOGGED IN INV
ESCROW LOG UPDATED ☒

Current Balance

Driver

Bulky

Closure & Contingency:
Recycling Tax:
Closure Escrow:
O.C. Health Dept:

OCLF Not Responsible For Damages Done At Landfill
Environmental Escrow Type 10:
Types 13, 22, 23, 25:
Post Closure Fund:
Host Community Fund:

Weight Master: JRM

From:

04/17/2013 13:48

#580 P.003/004

04/17/2013 12:54 FAX 7322444236

OCEAN UTILITY

002/003

OCEAN COUNTY LANDFILL
MANCHESTER, NJ 08768

Customer: SAN20
SANZARO DISPOSAL SERVICES LLC
1487 LAKEWOOD ROAD

TOMS RIVER, NJ 08766

Dep #: 33103AB XH427T ROLLOFF #80 '13

% Offload Material

100.00 13

BULKY WASTE COMMERC.

Location

20

5480 lb
2,740 lb 0.00

FACILITY ID: No. 1518B
Ticket No: 1518765
Date: 4/11/13

Handwritten: 11/11/13
#20

Current Balance
Driver: *Handwritten:* 11/11/13

Closure & Contingency:

Recycling Tax:

Closure Escrow:

O.C. Health Dept:

OCLF Not Responsible For Damages Done At Landfill

Environmental Escrow Type 10:

Types 13, 22, 23, 25:

Post Closure Fund:

Host Community Fund:

ENTERED AS QBBILL ☒

WEIGHT LOGGED IN INV ☒

ESCROW LOG UPDATED ☒

QBINV# 1307 GENERATED

Weight Master

From:

04/17/2013 13:48

#580 P.004/004

04/17/2013 12:54 FAX 7322444236

OCEAN UTILITY

003/003

OCEAN COUNTY LANDFILL
MANCHESTER, NJ 08769

Customer: SANZU
SANZARD DISPOSAL SERVICES LLC
1427 LAKEWOOD ROAD

*HA Fennot
R+G West
#204*

FACILITY ID: No. 1518B
Ticket No: 1520121
Date: 4/12/13

TOMS RIVER, NJ 08765
Dep. #: 33103AC XT982G ROLLOFF #62 13
% Offload Material
100.00 132 BULKY - DEMO WOOD BRICK TWP
Location
30
17988 lb
8,980 in
0.00

Current Balance
Driver

Angel

Closure & Contingency
Recycling Tax
Closure Escrow
O.C. Health Dept.

OCLF Not Responsible For Damages Done At Landfill
Environmental Escrow Type 10:
Types 13, 22, 23, 26:
Post Closure Fund:
Host Community Fund:

OBINV# 1503 GENERAL
ENTERED AS OBBILL
WEIGHT LOGGED IN IN
ESCROW LOG UPDATED

HA Genot

OCEAN COUNTY LANDFILL
MANCHESTER, NJ 08759Customer: SANDO
SANZARO DISPOSAL SERVICES LLC
1497 LAKEWOOD ROADQBINV# 1504 GENERATED
ENTERED AS QBILL
WEIGHT LOGGED IN INV
ESCROW LOG UPDATED ☒

FACILITY ID: No. 15188

Ticket No: 1520471

Date: 4/15/13

67880 lb in 13.05 ton
39520 lb out 11.03 ton

TOMES RIVER, NJ 08755

Dep. #: 33103AB XH427T ROLLOFF #80113

% Of Load Material

100.00 132

BULKY - DEMO WOOD

Location
BRICK TWP

30

29980 lb
14.680 tn

0.00

Current Balance

Driver

Halsby

OCLF Not Responsible For Damages Done At Landfill

Environmental Escrow Type 10:

Types 13, 22, 23, 25:

Post Closure Fund:

Host Community Fund:

Weigh Master: JRM

Closure & Contingency:
Recycling Tax:
Closure Escrow:
O.C. Health Dept:

OCEAN COUNTY LANDFILL
MANCHESTER, NJ 08759

H. Kunk
#226
86 Briv

FACILITY ID: No. 15188
Ticket No. 1518765
Date: 4/11/13

Customer: SANZU
SANZARO DISPOSAL SERVICES LLC
1487 LAKEWOOD ROAD

TOMS RIVER, NJ 08755

Dep. #: 33103AB XH427T ROLLOFF #80 '13

% Of Load Material

100.00 13

BULKY WASTE COMMERC.

Location

20

5480 lb
2,740 lb

43160 lb IN 300 lb
37680 lb Out 227 lb

ENTERED AS QBBILL ☒
QBINV# 1307 GENERATED

WEIGHT LOGGED IN INV ☒
ESCROW LOG UPDATED ☐

Current Balance *100.00*

Driver

Closure & Contingency:

Recycling Tax:

Closure Escrow:

O.C. Health Dept:

OCLF Not Responsible For Damages Done At Landfill
Environmental Escrow Type 10:

Types 13, 22, 23, 25:

Post Closure Fund:

Host Community Fund:

Weigh Master

OCEAN COUNTY LANDFILL
MANCHESTER, NJ 08769

*HA Fernot
R+8 West
#24*

FACILITY ID: No. 15185
Ticket No: 1520121
Date: 4/12/13

Customer: SAN20
SANZARO DISPOSAL SERVICES LLC
1497 LAKEWOOD ROAD

TOMS RIVER, NJ 08765

Dep. #	33103AC	XT9826	ROLLOFF #62 '13	Location	30	17988 lb	8.980 in	0.00
% Offload Material								
100.00	132	BULKY - DEMO WOOD	BRICK TWP					

Current Balance
Driver

Angel

Closure & Contingency
Recycling Tax:
Closure Escrow:
O.C. Health Dept:

OCLF Not Responsible For Damages Done At Landfill
Environmental Escrow Type 10:
Types 13, 22, 23, 25:
Post Closure Fund:
Host Community Fund:

OBINV# 1503 GENERAL
ENTERED AS OBILL
WEIGHT LOGGED IN IN
ESCROW LOG UPDATES

OCEAN COUNTY RECYCLING CENTER, INC.

1497 LAKEWOOD ROAD (RT. 9)

TOMS RIVER, NJ 08755

NJDEP# CBG040002,

Hours of Operation

Monday thru Friday 7:00 am - 5:00 pm

Saturday **call for hours**

Invoice No :424566

Date :4/16/13

Phone : (732)244-1716

Fax : (732)914-0373

Customer: 5758376

H.A. Fernot - COD

Truck : XH605G H.A.FERNOT
Location: 1508 TOMS RIVER TOWNSHIP

Gross : 26280 lb MAN WT In 9:40 am
Tare : 26280 lb STORED Out 9:40 am
Net : 0 lb

Weigh Master: DP

Remarks:

HESS 30279
BUILD FLOOR/ FOOTINGS

Material \$
Delivery \$ 0.00
Misc \$ 0.00
Tax \$ 0.00
Total \$

MATERIAL ID	QTY	UNIT-\$	MATERIAL DESCRIPTION	TAX-\$	TOTAL-\$
00061	15.00 YD	\$7.00	CONCRETE/ASPHALT/DIRT BY YARD		

I hereby certify that there are no contaminants or non specified materials in the load. The information on this form is true and accurate to the best of my knowledge.

Driver's Signature:


04/16/13 9:41AM

OCEAN COUNTY RECYCLING CENTER, INC.
1497 LAKEWOOD ROAD (RT. 9)
TOMS RIVER, NJ 08755
NJDEP# CBG040002,

Hours of Operation
Monday thru Friday 7:00 am - 5:00 pm
Saturday **call for hours**

Invoice No :424592
Date :4/16/13
Phone : (732)244-1716
Fax : (732)914-0373

Customer: 5758376
H.A. Fernot - COD

Truck : XH605G H.A.FERNOT
Location: 1507 BRICK TWP.

Gross : 26280 lb MAN WT In 11:06 am
Tare : 26280 lb STORED Out 11:06 am
Net : 0 lb

Weigh Master: DP

Remarks:

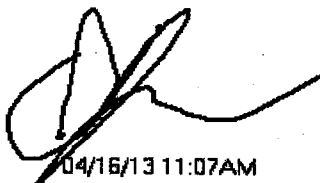
HESS 30279
BUILDING FLOOR +
FOOTINGS

Material \$
Delivery \$ 0.00
Misc \$ 0.00
Tax \$ 0.00
Total \$

MATERIAL ID	QTY	UNIT-\$	MATERIAL DESCRIPTION	TAX-\$	TOTAL-\$
00061	15.00 YD	\$7.00	CONCRETE/ASPHALT/DIRT BY YARD		

I hereby certify that there are no contaminants or non specified materials in the load. The information on this form is true and accurate to the best of my knowledge.

Driver's Signature:


04/16/13 11:07AM

OCEAN COUNTY RECYCLING CENTER, INC.

1497 LAKEWOOD ROAD (RT. 9)

TOMS RIVER, NJ 08755

NJDEP# CBG040002,

Hours of Operation

Monday thru Friday 7:00 am - 5:00 pm

Saturday **call for hours**

Invoice No :424646

Date :4/16/13

Phone : (732)244-1716

Fax : (732)914-0373

Customer: 5758376

H.A. Fernot - COD

Truck : XH605G H.A.FERNOT
Location: 1508 TOMS RIVER TOWNSHIP

Gross : 26280 lb MAN WT In 1:22 pm
Tare : 26280 lb STORED Out 1:22 pm
Net : 0 lb

Weigh Master: DP

Remarks:

HESS 30279
BUILD. FOOTINGS / FLOOR.

Material \$
Delivery \$ 0.00
Misc \$ 0.00
Tax \$ 0.00
Total \$

MATERIAL ID	QTY	UNIT-\$	MATERIAL DESCRIPTION	TAX-\$	TOTAL-\$
00061	15.00 YD	\$7.00	CONCRETE/ASPHALT/DIRT BY YARD		J

I hereby certify that there are no contaminants or non specified materials in the load. The information on this form is true and accurate to the best of my knowledge.

Driver's Signature:



04/16/13 1:23PM

Tel: (732) 938-5252
Mailing Address:
P.O.Box 1441
Wall, NJ 07719



www.NJGSCO.com



**NEW JERSEY
GRAVEL & SAND CO.**
EST. 1936

Exclusive Dealer for:



Fax: (732) 938-4607
Yard: 1661 Hwy 34 S
Wall, NJ 07719



John
Info@NJGSCO.com

4/16/13

Pat in office

Account good to go

use H.A. Fernot

as account number

1661 Hwy 34 South
Wall, NJ 07719
732-938-5252
FAX: 732-938-4607
www.NJGSCO.com

Established 1936

Celebrating Over 77 Years of Family Ownership

Jersey Central
Power & Light

A FirstEnergy Company

117 New Jersey Avenue
Point Pleasant Beach, NJ 08742

April 2, 2013

Sue Benjamin - Contractor
FAX: 973-575-7704

Ref: DR #328554502

Dear Customer:

This letter confirms that Jersey Central Power & Light Company has performed a field inspection of the building listed below and determined that our electric service cables and meters have been removed.

1672 Rt 88
Brick NJ 08723

This notification is effective as of the above date, and certifies the referenced building is now electrically safe for demolition.

Sincerely,


Maureen Strittmatter
Distribution Specialist

MS/bmc

demolbr.pfl

ALLERTON
PEST CONTROL, INC.

P.O. Box 379

Pine Brook, New Jersey 07058

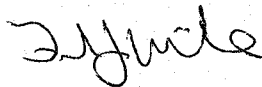
March 28, 2013

To: H.A. Fernot

Re: Hess Station
1672 Route 88
Brick, NJ (Laurelton)

A rodent abatement was performed on March 23, 2013 to the above mentioned property. Tamper proof rodent bait stations containing Contrac Blox/Bromadiolone were installed to the main building, restrooms and shed. A re-inspection was performed on March 28, 2013, at this time there are no signs of rodent activity. Any questions please feel free to contact me.

Thank you,



Frank J. Mirabile
Allerton Pest Control, Inc.



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

JAMES F. LACEY, C.P.W.M.
Executive Director

April 02, 2013

AMERADA HESS #30279-3279 % NAS
PO BOX 740
PARK RIDGE NJ 07656-0740

Account: 17328006-0
Service Location: 1672 ROUTE 88 W HESS GAS
Block: 1170.01_4
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.

If further information is required, please contact the undersigned.

Respectfully yours,

BEVERLY
Customer accounts representative

COMMISSIONERS

ALLAN E. CARTINE
Chairman

JOSEPH M. VENI, P.E.
Vice Chairman

PATRICK L. BOTTAZZI
Secretary

JAMES FOZMAN
Treasurer

GEORGE CEVASCO
Asst. Secretary/Treasurer

ALTERNATES

JOHN M. CIOCCO
EDWARD J. MCBRIDE



268 Main Street, Butler, New Jersey 07405
Tel 973.492.0477 Fax 973.492.0133 Email: GACManager@aol.com

CERTIFICATE OF COMPLETION

Date of Completion: March 29, 2013

Owner: C/O Mr. Randy Mitchell, Vice President
H.A. Fernot Co., Inc.
32 Kulick Road, Fairfield NJ 07004

Project Address: Hess Station # 30279,
1672 Route 88, Laurelton, NJ

Scope of Work:

- Removal of asbestos containing materials in accordance with the supplemental survey prepared by Whitestone Associates, inc. project No. EJ1212268, dated: October 18, 2012
- Notification fee , initial \$200.00 included

We GAC, Inc., located at 268 Main Street, Butler, New Jersey 07405 do hereby warrant and guarantee all materials, equipment, and labor installed under our scope of work for the project at the above given project address, for a period of one year from the date of completion. This project has been completed in accordance with all applicable Federal, State, and Local rules, regulations and ordinances.

Asbestos Abatement Contractor: GAC, Inc. Greenwood Abatement Consultants, Inc.
268 Main Street, Butler, New Jersey 07405
New Jersey # 00840

License #:

Laboratory Used for Analysis: EnviroVision ., Inc.
20-21 Wagaraw Road , Building # 34A , Fairlawn, NJ 07410

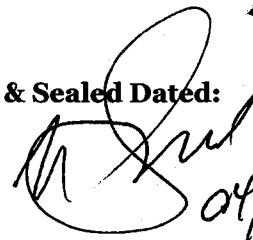
Air Test Results

PCM/ TEM Air samples. Federal and EPA guidelines specify that levels below .01 are clean and passable of asbestos debris. See air test report independently provided by EnviroVision, Inc.

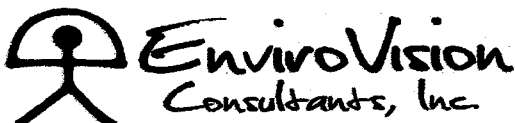
Sincerely,

Marin Graure,
Project Manager
GAC, Inc.

Signed & Sealed Dated:


04/01/2013





20-21 Wagaraw Road - Bldg. 35E, Fair Lawn, NJ 07410
PH (973) 636-9145 FAX (973) 636-9144
Email: envirovision@optonline.net

CLIENT: GAC Inc.
268 Main St.
Butler, NJ 07405

PROJECT: Hess Station #30279
1672 Route 88
Brick, NJ

PROJECT No.: 13-114

DATE of Sampling: 03-26-13

DATE of Analysis: 03-26-13

TYPE of Sampling: PCM (NIOSH 7400 Method)

Lab No.: 13-114

Certificate of Analysis

SAMPLE NUMBER	VOLUME (LITERS)	FLOW RATE (LPM)	TIME (MIN)	FIELDS COUNTED	FIBERS FOUND	RESULTS [F/CC]
326-1	1200	10	120	100	4.0/100	<0.0022
326-2	1200	10	120	100	5.0/100	<0.0022
326-3	1200	10	120	100	4.0/100	<0.0022
326-4	1200	10	120	100	4.0/100	<0.0022
326-5	1200	10	120	100	6.0/100	0.002

~~~~~  
F/CC = Fibers per cubic centimeters of air sampled, which are at least 3 times longer than wide, and not less than 5 microns in length, in accordance with NIOSH 7400 Method.

PCM = Phase Contrast Microscopy.  
Blank sample(s) submitted for quality assurance.

~~~~~  
ANALYST: Steve Audenried

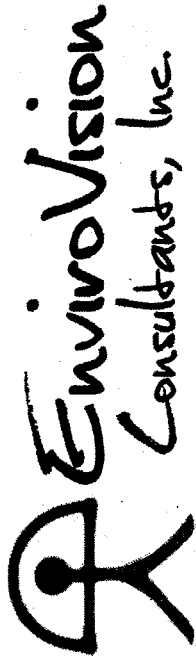
MICROSCOPE: Olympus CH-2/No.1

SIGNATURE: See air sample data sheet.

METHOD: NIOSH 7400-PCM

LABORATORY DIRECTOR: G.M. MORALES

SIGNATURE: 



20-21 Wagaraw Road - Bldg. 34A, Fair Lawn, NJ 07411
PH (973) 636-9145 FAX (973) 636-9144
Email: Envirovision@optonline.net

CLIENT: **Greenwood Abatement Consultants, Inc.** ADDRESS: **268 Main Street, Butler, NJ 07405**

PROJECT: **Hess Station # 30279**

ADDRESS: **1672 Route 88, Brick, New Jersey**

TECH: **Steven Johnson** SAMPLING DATE: **03/26/13** CALIBRATION DATE: **03/26/13** PR. No.: **13-114**

ASBESTOS AIR MONITORING DATA SHEET

Sample No.	Sample Location	Time on	Time off	Elapse Time	Flow Rate Pre	Flow Rate Post	Volume Liters	Fibers/100 Flds.	Results F/CC
326-1	SW Side of Small Back Room	1255	1455	120	10	10	1200	4/100	40.0022
326-2	SE "	1255	1455	120	10	10	1200	5/100	40.0022
326-3	NW "	1255	1455	120	10	10	1200	4/100	40.0022
326-4	NE "	1255	1455	120	10	10	1200	4/100	40.0022
326-5	Center of Small Back Room	1255	1455	120	10	10	1200	6/100	60.002

ACTIVITY: Final air clearance -(PCM) for a VAT & Mastic Abatement

CASSETTE TYPE: ☒ 25mm 0.8 micron MCE (PCM)
☐ 25mm 0.45 micron MCE (TEM)

ANALYSIS ☒ Phase Contrast Microscopy (PCM) via NIOSH 7400 Method
REQUEST: ☐ Transmission Electron Microscopy (TEM) via AHERA Protocol

TAT: **ASAP** Hrs

Fax Results to: **973-636-9144**

Also Call/ Fax: **973-492-0133**

Chain of Custody

Relinquished By:	Received By:	Date & Time
3-26-13		
LABORATORY SUBMITTED TO: EnviroVision Consultants, Inc. 20-21 Wagaraw Rd., Bldg 34A Fair Lawn, NJ 07410		

Analyst's Signature:



20-21 Wagaraw Road - Bldg. 34A, Fair Lawn, NJ 07410

PH (973) 636-9145

FAX (973) 636-9144

Email: envirovision@optonline.net

PCM Asbestos Air Sample Information

Brief explanation of what appears on Certificate of Analysis and Air Sample Data Sheets for Phase Contrast Microscopy (PCM) is as follows:

- Fibers/cc & f/cc is fibers per cubic centimeter of air. Fibers are counted using a microscope at 400x magnification and using Phase Contrast Microscopy. f/cc is determined by correlating observed number of fibers per specific area of the filter and the volume of air passing through said filter.
- Volume is determined by calibrating the sampling pumps flow rate and recording length of time in which pump is run.
- PCM results are based upon the NIOSH (National Institute of Occupational Safety & Health) 7400 analytical method. EnviroVision Consultants, Inc. is proficient and participants in the American Industrial Hygiene Association (AIHA) Proficiency and Analytical Testing (PAT) program, Lab ID# 100154. EnviroVision's laboratory technicians have attended and passed NIOSH 582 training for NIOSH 7400 PCM analysis, for sampling and evaluation of airborne asbestos dust.
- NIOSH 7400 method is a fiber counting method that evaluates fibers per size, length and width ratio. All fibers are counted that meet the specific criteria outlined in the NIOSH 7400 method; **the method does not differentiate between asbestos fibers and other fibers.**
- The Occupational Safety and Health Administration (OSHA) rules control employee's exposure to airborne asbestos. Part 1962.58 is the rule that controls the construction industry that includes that includes any demolition, renovation construction, or alterations that take place where asbestos is present. This rule states that the permissible exposure limit that an employee is allowed to be exposed to is 0.1 fibers per cubic centimeter of air (0.1 f/cc). A short-term exposure limit has been set by OSHA at 1.0 f/cc for a thirty minute sampling period. Rule 1910.001 is essentially identical to 1962.58 except that it pertains to general industry.
- The US EPA and some state and local laws recommend or mandate that a reading of less than 0.01 f/cc is necessary to declare an abatement project complete. Furthermore, many laws call for all outside work area readings at an abatement site to be less than 0.01 f/cc.
- Please note that the symbol (<) in front of the result indicates that the levels of airborne fibers were less than the limit of detection for the volume of air and the microscope technology employed in the analysis. In other words, the levels are unknown, but are known to be below the number on the certificate.



.....
Environmental, Health And Safety Consultants

20-21 Wagaraw Rd. - BLDG 35E - Fair Lawn, NJ 07410 973-636-9145

Certifies That

Steven Audenried

S.S.N. 149-88-2252

HAS SUCCESSFULLY COMPLETED AN EQUIVALENCY TRAINING COURSE
"SAMPLING AND EVALUATING AIRBOURNE ASBESTOS DUST- NIOSH 582"

As Required By

NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY AND HEALTH

Course work included:

NIOSH 7400, P&CAM 239, Practice AIHA PAT Rounds, OSHA Methods as
Specified in 29 CFR 1910.1001 and 29 CFR 1926.58 Appendices A&B, etc.

>40 Hours Training from 08-06-2012 thru the completion date of 02-18-2013

Fredrick Larson

FREDERICK LARSON
COURSE INSTRUCTOR

Guillermo M. Morales

GUILLERMO M. MORALES
LAB DIRECTOR

Big Apple Occupational Safety Corp

505 Eighth Avenue, #2305, New York, NY 10018

This Is To Certify That

Steven Audenried

SS#: xxx-xx-xxxx

has successfully completed the New York State Department of Health approved course entitled

AIR-SAMPLING TECHNICIAN

(The official record of successful completion is the DOH 2832 Certificate of completion
New York State Department of Health Certificate of Asbestos Safety Training)

Course Date: 09/17 - 18/2012

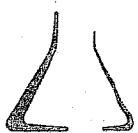
Expiration Date: 09/18/2013

Examination Date: 09/18/2012

Examination Grade: 88%

Certificate Number: 649261


Radha Reddy
Training Director



**AIHA
PAT
PROGRAMS**

AIHA Proficiency Analytical Testing Programs

3141 Fairview Park Drive, Suite 777, Fall Church, VA 22042 USA

main 1+ 703-846-0757 fax 1+ 703-207-8558

email info.patlc@aiha.org web www.aihapat.org

Page 1 of 4

Report Issue Date: 02/15/2013

Guillermo Morales
EnviroVision Consultants, Inc
20-21 Wagaraw Road - BLDG 35 E
Fair Lawn, NJ 07410 Participant ID# 100154

Dear Guillermo Morales,

Please find your organization's final Industrial Hygiene Proficiency Analytical Testing (IHPAT) results for **Round 192**. It is the participant's responsibility to thoroughly review results and to immediately contact the AIHA Proficiency Analytical Testing Programs in writing, if any errors are found in your report.

The proficiency demonstrated by the results of this IHPAT round is valid until the close of the retest round on April 15, 2013, if the participant chooses to enroll, or until May 15, 2013 when the next IHPAT report will be available. Unacceptable performance may be improved by correctly analyzing a set of retest samples. Retest Order Forms and the PAT Programs Schedule are available online at www.aihapat.org. The deadline to order a retest is February 25, 2013.

Participants shall not describe their proficiency status in a manner that implies accreditation, certification or variations thereof. PAT results pertain only to the participant organization at the location listed on this results report. AIHA PAT Programs makes every effort to ensure that individual participant results are kept confidential and are not made public. Round results are only released to the participant and those entities requiring this information for accreditation, regulatory and contract purposes. New participants are made aware of the arrangement in advance of participation and consent is sought prior to the release of records for participants. PAT reports may not be reproduced or distributed unless copied in its entirety.

IHPAT **Round 193** sample kits will be mailed to participants around April 1, 2013. An email will be sent out upon shipment of round 193 samples. If you do not receive samples within fifteen (15) days after the ship date please contact the AIHA PAT Programs. Your organization's data will be due by 11:59pm ET on May 1, 2013. The analytes for round 193 are:

- Metals – cadmium, lead, chromium
- Asbestos – chrysotile
- Silica – calcite
- Organics – chloroform(CFM), 1,2-dichloroethane(DCE), 1,1,1-trichloroethane(MCM)

Samples are generated, characterized, packaged, and shipped by SRI International, Menlo Park, CA 94025 under contract with AIHA Proficiency Analytical Testing Programs. Unless otherwise noted, sample homogeneity and stability criteria were satisfied for all samples.

I encourage you to contact me with any feedback, questions or if you wish to contest your results at nmugambwa@aiha.org.

Sincerely,

Natasha Mugambwa, MS
Manager, AIHA PAT Programs

Industrial Hygiene Proficiency Analytical Testing Results

This document contains three sub-reports relating to IHPAT Round 192. The first report contains your organization's results listed per contaminant, per sample. The second report contains your current and 2 previous test round performance respectively (where applicable), and the final report contains summary results for all participants for IHPAT round 192.

Testing Results for IHPAT Round 192

This part of the report contains your organization's results listed per contaminant, per sample.

Contaminant	Units	#	Result	Ref. Value	Lower Limit	Upper Limit	z-Score	Rating
Asbestos / Fibers (ASB)	f/mm2	1	158	137	67	232	0.7	A
	f/mm2	2	408	337	165	570	1.0	A
	f/mm2	3	277	203	99	343	1.7	A
	f/mm2	4	112	89	43	150	1.2	A

Please note:

Reference value is the mean of the reference group

Lower limit = reference value - 3 standard deviations and Upper limit = reference value +3 standard deviations

Z-score = (reported result - reference value)/standard deviation;

A - Acceptable* Analysis; U - Unacceptable Analysis

Fiber data are positively skewed therefore transformations are used to obtain approximately normal distributions.

Both the assigned values and acceptance limits are based on consensus of the reference group. *The acceptability of reported results is based on upper and lower acceptance limits. This is why a reported result may appear unacceptable according to z-score, but be identified as acceptable.

Any non-participation or non-reporting of PAT data will result in unacceptable results (See PAT Programs Participation Policies, Section 2.1.6.2.)

Overall Performance Summary Concluding with 192

The following table contains your organization's current and 2 previous test rounds performance respectively (where applicable). For more information in regard to the determination of proficiency, please visit: www.nihsdhs.org

Sample	Round	Round Score	Round Performance	Proficiency Status -Three Round Score
Asbestos	190	3/4	Pass	P
	191	4/4	Pass	
	192	4/4	Pass	

Please note:

The denominators represent the total number of samples analyzed.

The numerators represent the number of acceptable results.

Pass: Round Score $\geq 75\%$ Fail: Round Score $< 75\%$

P – Proficient; NP – Non-proficient; I – Indeterminate (not enough rounds to determine proficiency).

A participant is rated proficient for the applicable IHPAT analyte group if the participant has a passing score for the applicable IHPAT analyte group in two (2) of the last three (3) consecutive PT rounds. A participant is rated non-proficient for the applicable PT analyte group if the participant has failing scores for the associated PT analyte group in two (2) of the last three (3) consecutive PT rounds.

Performance of all Participants for IHPAT Round 192

The following table contains aggregate results for all participants for IHPAT round 192.

Contaminant	#	Reference Value	Reference Std. Dev.**	RSD (%)	Total Participants	Total Acceptable	Low*	High*
Nickel (NKL)	1	0.0699	0.0028	4.0	146	138	4	4
	2	0.1320	0.0053	4.0	146	134	6	6
	3	0.0307	0.0012	4.0	146	135	2	9
	4	0.0545	0.0022	4.0	146	138	1	7
Cadmium (CAD)	1	0.01597	0.00064	4.0	146	141	4	1
	2	0.00736	0.00029	4.0	146	139	4	3
	3	0.01140	0.00046	4.0	146	139	3	4
	4	0.00540	0.00022	4.0	146	142	2	2
Lead (LEA)	1	0.0403	0.0016	4.0	146	139	4	3
	2	0.0617	0.0025	4.0	146	139	2	5
	3	0.0961	0.0038	4.0	146	136	6	4
	4	0.1599	0.0064	4.0	146	140	4	2
Silica (SIL)	1	0.0866	0.0071	8.1	52	44	2	6
	2	0.1324	0.0161	12.1	52	50	1	1
	3	0.2004	0.0140	7.0	52	41	6	5
	4	0.2598	0.0226	8.7	52	43	6	3
Asbestos / Fibers (ASB)	1	137	27	20.0	722	648	6	68
	2	337	67	20.0	722	700	4	18
	3	203	41	20.0	722	679	5	38
	4	89	18	20.0	722	679	28	15
Methanol (MOH)	1	0.1014	0.0077	7.6	123	102	6	15
	2	1.1445	0.0721	6.3	123	104	7	12
	3	0.1923	0.0296	15.4	123	118	1	4
	4	0.4833	0.0327	6.8	123	102	8	13

*Low - < Lower Limit ; High - > Upper Limit

**The reference group standard deviation is used but is limited to no less than 4% relative standard deviation or no greater than 20% relative standard deviation.

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) March 8, 2013			Name of Building Owner/Operator (2) Hess/ HA Fernot Inc.		
Agencies Notified EPA DCA x DOL x DEP x DOH		Notification Type Initial Notification ☒ Amended Certification # 1 ☐ Emergency (including justification) ☐ Cancelled		Street Address 32 Kulick Road	
				City, State, Zip Code Fairfield, New Jersey 07004	
		Name of Contact Randy Mitchell		Telephone Number 973.575.7683	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Hess Station # 30279			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 1 Bldg. Age: 50 years		
Street Address 1672 Route 88			Current Use (prior if being demolished):		
City (5) Brick	County (6) Ocean	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		ASCM No. 00079	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 20-21 Wagawar Road, Bldg # 34A			Street Address 268 MAIN STREET		
City, State, Zip Code Fairlawn, NJ 07410			City State, ZipCode Butler, NJ 07405		
Project Manager for Monitoring Firm Fred Larson	Telephone Number 973-636-9145		Telephone Number 973-492-0477	License Number 00840	
Scheduled Start Date (10) March 26, 2013	Scheduled Completion Date (11) April 6, 2013		Name of OSHA Monitor EMSL inc.		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: Vacant			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, NJ 08854		
Source of Work (Check all that apply)					
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260		☐ Renovation ☐ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
1st floor		☒	VAT & Mastic	220 SF	☒
Roof		☒	Built up Roofing	120 SF	☒
Roof		☒	Flashing & Penetrations	235 SF	☒
Exterior		☒	Transite	420 SF	☒
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 20	Name of Registered Landfill Meadowfill Landfill G.R.O.W.S Minerva Ent. Ohio	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP #			Disposal Date April 6, 2013	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784	
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551					
Hauler #3) Tri State-Bronx NY DEP # NY 10474 - NJ DEP #19591					
Completed by (Print or Type) Marin Graure		Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date March 8, 2013	

GAC # 2013-370 Please Note: New Start Date & Completion Date

TOWNSHIP OF BRICK
Debris form

Work Site Address: HESS STATION 1672 Route 98
Block: 1170.01 Lot: 4, 5, 6
Contractor: H.A. FERNOT CO. INC.
Contractor's Address: 32 KULICK ROAD FAIRFIELD NJ 07004
Type of Construction (minor, new home): NEW HESS STORE.
Type of Debris (shingles, siding, wood, etc.): BRICK/BLOCK/WOOD/SHINGLES/GLASS
Party responsible for removal: H.A. FERNOT CO. INC.
Dumpster size: 30 yd x 2
Destination of debris: OCEAN COUNTY Recycling - 1497 LAKEWOOD ROAD
TOM'S RIVER NJ. 08755
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.

3/21/13 Date
32 MITCHELL Signature Vice President, H.A. FERNOT CO. INC.
RANDY MITCHELL Print Name

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 have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

Agent Name H.A. FERNOT CO. INC.

Address 32 KULICK ROAD

FAIRFIELD NJ 07004

Telephone (973) 575 8376

Signature R. Mitul

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