called 5/4/06

BLOCK 211.11 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) 54 W. GRANADA PERMIT NO. 061591

CONSTRUCTION PERMIT APPLICATION

C06-10/315

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

I. IDENTIFICATION

1. Proposed Work Site at: 22 WEST GRANADA
2. Name of Owner in Fee: CLAUS SCHWOCHERT Te [redacted]
   Address 22 WEST GRANADA BLVD 08225
   street municipality zip code
3. Ownership in fee: Public _____ Private ✓
4. Principal Contractor: COASTAL ENVIRONMENTAL Tel. (732) 919 2007
   Address 215 OAK GROVE RD HOWELL NJ
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-1164048 FAX: (732) 919 7566
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun GREG LEAMY
   Tel. (732) 556 3868 FAX: (___) 919 7566

tank removal

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		70	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Fee Surcharge			
10. Subtotal	$		
11. Cert. of Occupancy		70	
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

OPTIONAL (for office use only)

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☑ Fire Protection	$800				5-7-06	06	6/13/06		
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	$800								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   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:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR-B 10326493

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓) Check if contractor.

Agent Name Coastal Environmental

Address 215 Oak Glenn Rd

Howell NJ 07

Telephone (732) 919-2007

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			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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. _____	_____	_____	_____	_____

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	06/19/2006
Tracking Number	C-06-101375
Permit Number	06-1591
Permit Issue Date	05/22/2006

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 22 W. GRANADA DR. Brick Township, NJ Block: 211.11 Lot: 11 Qual:

Owner In Fee: SCHWOCHERT, CLAUS W & BELLINA, A

Owner Address: 22 W GRANADA DR BRICK NJ 08723

Telephone: [redacted]

Contractor COASTAL ENVIRONMENTAL

Address 215 OAK GLENN RD UNKNOWN NJ

Telephone: 732/558-3868 Fax: 732/919-7566

License Number or Builders Registration Number: 13VH01802900 Federal Emp. Number: 57-1164049

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

TANK REMOVAL REMOVAL OF ABOVE GROUND OIL TANK IN CRAWL

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: Stephanie Capozzi

Date Printed: 06/19/2006

CONSTRUCTION PERMIT

Date Issued 05/22/2006
Control # C-06-101375
Permit # 06-1591

IDENTIFICATION Block: 211.11 Lot: 11 Qualifier
Work Site Location: 22 W GRANADA DR Brick Township, NJ
Contractor SCHWOCHERT, CLAUS W & BELLINA A
Address 22 W GRANADA DR BRICK NJ 08723
Owner in Fee SCHWOCHERT, CLAUS W & BELLINA A
Address 22 W GRANADA DR BRICK NJ 08723
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.
Telephone: [redacted]
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TANK REMOVAL REMOVAL OF ABOVE GROUND OIL TANK IN CRAWL

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $300

Construction Official — 05/22/2006 Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$70
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$70
Check No.	
Cash	$70
Credit	$0
Collected By	Stephanie Capozzi

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 5/22/06
Permit # 06-1591

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

Block 211.11 Lot 11 Qualification Code

Work Site Location 22 W. ARANDA
BRICK NJ 08723

Owner in Fee CLAUS SCHWOCHERT

Address 22 W ARANDA
BRICK NJ 08723

Tel ( )

Contractor COASTAL ENVIRONMENTAL

Address 215 OAK GLEN RD.
HOWELL NJ

Tel (732) 9192007 FAX (732) 919 2007

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

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

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present Proposed Location of Panel:

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing
[ ] Other ABOVE GROUND OIL TANK Location of Main Control Valve:

Location:

Fuel Storage Tank:

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

Total Cost of Fire Protection Work $

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.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
REMOVAL ABOVE GROUND OIL TANK IN CRAWL

Water Supply Source

Method of Alarm/Suppression System Supervision

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 5-1-06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-13-06
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				
Flam/Combust Tanks				
Fireplace Venting				
Final	5/22		6-13-06	RTO
Other Soil Report	5/22		6/13/06	DG

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

usfilter

ROUTE COLLECTION RECEIPT/INVOICE
1-800-222-8511
Please Check the Designated Facility

905 S. Market Street
Wilmington, DE 19801
EPA ID # DED984073662
(800) 222-8511

250 S 22nd St.
Bayonne, NJ 07002
EPA ID# NJD000025486
(800) 223-8511

Driver: Ocean

E- 136380

SERVICE RECEIPT

Generator Name: CLAUS SCHWOCHERT
Contact/Phone: n/a
Address: 22 W. GRENOA DR
City: BRICK State: N.J Zip: 07823

Bill To: SAME
Name:
Address:
City: State: Zip:

SERVICE PROVIDED					AMOUNT DUE
USED OIL COLLECTION	$ 45.00 / stop				$ $45
USED OIL	¢ / gal	#	gallons		$
OILY WATER	¢ / gal	#	gallons		$
USED ANTIFREEZE	¢ / gal	#	gallons		$
USED OIL FILTERS	$ / drum	#	drums		$
☐ Crushed ☐ Uncrushed					
FUEL	¢ / gal		gallons		
AGGREGATE					$
Collection	/ drum	#	drums		$
Delivery	bags/boxes	#	bags/boxes		$
TOTE RENTAL/SETUP					$
OTHER					$

Comments: USED OIL & SLUDGE From UST TANK AAA

TOTAL AMOUNT DUE $
AMOUNT PAID TO DRIVER $
NET DUE $
PAYMENT FOR PRIOR INVOICE $
INVOICE NUMBER

TRANSPORTER: International Petroleum Corporation of Delaware
905 S. Market Street
Wilmington, DE 19801
EPA ID # DED984073662
(800) 222-8511

TRUCK # 607 | TERRITORY 32 | CUSTOMER # | DATE 5/23/06

☐ On Account ☐ Cash ☐ Check ☐ Visa ☐ MasterCard ☐ AMEX

Card Holder
Card #
Exp
CARD HOLDER SIGNATURE:

DRIVER NAME:
DRIVER SIGNATURE:

GENERATOR CERTIFICATION (This section to be completed by Generator)

Generator EPA ID#:
☒ Check if Conditionally Exempt Small Quantity Generator as defined in 40 CFR 261.5
☐ Check if DO-it-yourself collection center

The GENERATOR hereby certifies that the material collected from the GENERATOR's facility by US Filter designated property and PCB's as defined in 40 CFR 761 and is not hazardous waste or toxic liquid with a liquid or characteristic hazardous waste as defined in 40 CFR 261. The GENERATOR will be responsible for any and all cost, handling, loss not limited to, proper shipment, labeling, and transportation if the material contains PCB's or is determined to be a hazardous waste. I certify that to the best of my knowledge, the information presented hereto is correct and accurate, and I am authorized to sign on behalf of the GENERATOR.

Print Name:
Signature:

WHEN REMITTING PAYMENT, CHECK OR MONEY ORDER ONLY

U.S. Filter Recovery Services, Inc.
136 S. Wilkes-Barre Blvd. • Wilkes-Barre, PA 18702-5810

PLEASE NOTE THE INVOICE/SERVICE NUMBER ON YOUR CHECK AND RETURN THIS PORTION WITH IT FOR YOUR RECORDS

WHITE - DRIVER YELLOW - CUSTOMER GREEN - ACCOUNTING

BRICK RECYCLING COMPANY, INC.

2480 Old Hooper Ave. Brick, NJ 08723 (732) 477-0880 Fax: (732) 477-7588

22W. Granada 06-1591
211.11/11

SOLD TO: _____

BOUGHT FROM _____ DATE 5/26/06

DESCRIPTION	AMOUNT
275 gal. Fuel Tank Cut + Clean	

ALL SALES Are
"As Is Where Is"
No Guaranty No Warranty

SUB TOTAL
SALES TOTAL
TOTAL

BRICK RECYCLING COMPANY, INC.

2480 Old Hooper Ave. Brick, NJ 08723 (732) 477-0880 Fax: (732) 477-7588

22 W. Granada 06-1591
217.11/11

SOLD TO: ______________________

BOUGHT FROM ______________________ DATE 5/26/06

DESCRIPTION	AMOUNT
275 gal.	
Fuel Tank	
Cut + Clean	

ALL SALES Are
"As Is Where Is"
No Guaranty No Warranty

SUB TOTAL
SALES TOTAL
TOTAL


New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Coastal Environmental Management, Inc.
Home Improvement Contractor
01/15/2006 TO 12/31/2007
VALID
SIGNATURE
13VH01802900
DIRECTOR
License/Registration/Certificate

TANK ABATEMENT OR ASBESTOS NOTIFICATION

DATE: 4/26/06

PROJECT: Removal of Above Ground oil tanks in crawl

STREET: 22 West Granada

CONTRACTOR: Coastal Environmental LICENSE NO. 5/13UH01802900

ADDRESS: 215 Oak Glen Rd Howell NJ

A.S.C.M.: _____ LICENSE NO. _____

MAILING ADDRESS: 215 Oak Glen Rd

OSHA AIR MONITOR: _____

ADDRESS: _____

BUILDING OWNER: C/Aus SC Horchhut

MAILING ADDRESS: 22 West Granada Dr

Brick NJ 08723 PHONE: [redacted]

ENGINEER/ARCHITECT: _____

MAILING ADDRESS: _____

_____ PHONE: _____

WASTE HAULER: Coastal Environmental LICENSE NO.: 13UH01802900

LAND FILL: Brick Recycling

TOWN: Brick NJ 08723

JOB SIZE: (circle one) MINOR____ SMALL____ LARGE____

QUANITY OF WASTE GENERATED: CU YARDS _____

LINEAR FOOTAGE: _____

SQUARE FOOTGAE: _____

PROPOSED START DATE: _____ PROPOSED FINISH DATE: _____

COST OF WORK: $ 800

CONSTRUCTION PERMIT # _____ DATE: _____