BLOCK 109 / 6 / 1992 LOT 5 ADDRESS (SITE) 250 old Squan RD. PERMIT NO. 2425-92

DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: ST. Dominic Roman Catholic Church
2. Name of Owner in Fee: Same as Above Tel. (908) 846-1411
   Address 250 old Squan Rd. (street) Brick Town (municipality) N.J. 08724 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Eastern Remedial Enviro Services Tel. (908) 247-6333
   Address 1150 Newton St. N. Brunswick N.J. 08902
   License No. OR, ~~If new home, Builder Reg. No:~~ VTDEPE 95T Certification 1200294 Exp. Date 5/31/95
   Federal Emp. No. 222776337 Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work Tolinn Antebi / Anthony J. Delia Tel. (908) 247-6333

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 25 -		
2. Electrical			
3. Plumbing			
4. Fire Protection	46		
5. Other			
6. Subtotal	$ 71		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	8 -		
10. Subtotal	$		
11. Cert. of Occupancy	20 -		
12. Other			
13. TOTAL	$ 99 -		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of 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 ____ sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☒ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☒ Demolition	10,000
TOTAL COSTS	

Tank Removal

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
DC	11/18/92						
			11/23/92				

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:

U.C.C. Form F-100A

LDS BR 10412357

Mail permit when ready - Cert. of Occupancy after marked Check attached

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 New Jersey 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 _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

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

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

ORIGINAL ILLEGIBLE

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Issued 11/24/92
Control #
Permit # 2425-92

IDENTIFICATION Block 1091 Lot 5

Work Site Location 250 Old Swan Rd [illegible]

Owner in Fee [illegible]

Address [illegible]

Tele. ( ) 840-1411

Contractor [illegible] (Elec)

Address [illegible]

Tele. ( ) [illegible]-6333

Lic. No. or Bldrs. Reg. No. [illegible] Exp. Date 5/91

Federal Emp. No. [illegible]

or Social Security No.

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

Tank Removal

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 $10,000

[signature]
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building	25	**0007**
Plumbing		2425*#
Electrical		BLOCK 0.00
Fire Protection	46	1091 #
Other		LOT 0.00
Other		5 #
DCA Training Fee		BUILDING 25.00
Cert. of Occ.	20	FIRE 45.00
Other		D.C.A. 3.00
Total	99	C/O 20.00
Check No.	4	TOTAL 9?.00
Cash		
Collected By:	[initials]	

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11/24/92
Control #
Permit # 2425-92

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

Block 1091 Lot 5
Work Site Location 250 Old Matawan Rd
Owner in Fee St. Dominics Church
Address Same
Tele. (840-1411
Contractor Eastern Remedial Envir. Services
Address 150 Newton St
N. Brunswick
Tele. ( ) 247-6333
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2776339 or Social Security No.

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 12/-31

Removal of tank

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ ____
3. Total (1+2) $ ____

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE
$ 25.-

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ TOTAL FEE $ 25-

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

E-6

Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5/24/93
Date Issued
Control #
Permit # MAY 6 93 0 0 5 4 3 4

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

Block 1091 Lot 5
Work Site Location St Dominic Academy
250 Old Squan Rd. Brick Twp.
Owner in Fee Same
Address Same
Tele. ( ) ~~732 477~~ 840-1412
Contractor NC Electric Inc
Address 138 Bartlett Ave
Jersey City NJ 07305
Tele. (201) 451-7699
Lic. No. 7856
Federal Emp. No. _____ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 1400

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 7.21.93
Approved By: B. Kreheniy

INSPECTIONS Type:	Failure	Failure Dates (Month/Day)	Approval	Initial
Rough				
Temporary	I 8/18			
Constr. Serv.	Ewell Twp			
TCO			6.17.93	BK
Other	I 8/18			
Service	G. Kreh		9.26.94	9.26.93
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 9.26.94 Kreh
PP

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 and perform the work listed on this application.

Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
1	200 Amp	Service Entrance	
1	100	Other Direct line SUBMETER	

Paid [ ] Check # 1467
Collected by: _____

Administrative Surcharge	$ _____
Minimum Fee	$ 33.00
DCA Training Fee	$ 1.00
TOTAL FEE	$ 34.00

U.C.C. Form F-120B S

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 11/24/92
Control #
Permit # 242598

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

Block 109 Lot 5
Work Site Location 250 OLD SQUAN RD.
BRICK TOWN N.J. 08724
Owner in Fee ST. DOMINIC ROMAN CATHOLIC CHURCH
Address SAME AS ABOVE

Tele. (908) 840-1411
Contractor EASTERN REMEDIAL ENVIRONMENTAL SERVICES INC.
Address 1150 NEWTON ST. N. BRUNSWICK N.J. 08902

Tele. (908) 247-6333
Lic. No. NJDEPE UST CLOSURE + SUBSURFACE EVALUATION #1200294
Federal Emp. No. 22-2776337 or Social Security No. ____

MUST Have Paper work who cleaned out Tank & where Tank What To

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class. Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ____
Location: ____
Total Est. Cost of Fire Prot. Work $ ____ [ ] Other ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 11/23/92
Approved by: ____
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: ____
Approved by: ____

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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.

SIGNATURE

D. TECHNICAL SITE DATA tank removal

Description of Work

Water Supply Source ____
Method of Valve Supervision ____
Local Alarm Supervision ____
Central Supervision ____
Proprietary Supervision ____

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks (X) Capacity 10,000 Fuel #4
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		46 —
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER ____		

Administrative Surcharge $
Paid [ ] Check # ____ Minimum Fee $
Collected by ____ TOTAL FEE $ 46 —

U.C.C. Form F-140A

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

UNDERGROUND STORAGE TANK SYSTEM
CLOSURE APPROVAL

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY
DIVISION OF RESPONSIBLE PARTY SITE REMEDIATION -
BUREAU OF UNDERGROUND STORAGE TANKS
CN-029, TRENTON, NJ 08625-0029

TMS # C-92-3144 **UST #** 021862

Church Of St. Dominic
250 Old Squan Rd.
Brick, NJ

(Ocean)

THE ABOVE LISTED FACILITY IS HEREBY GRANTED APPROVAL TO PERFORM THE FOLLOWING ACTIVITY IN ACCORDANCE WITH N.J.A.C. 7:14B-1 et seq.:

REMOVAL OF: One 10,000 gallon #4 fuel oil and appurtenant piping.

SITE ASSESSMENT: Soil samples will be taken every five (5) feet along the centerline of each tank and one (1) soil sample for every 15 feet along associated piping. Two (2) additional samples will be taken from the each tank and biased to visually screened areas of the highest contamination. Samples will be analyzed for TPHC. 25% for PAH will be analyzed if any TPHC result occurs.

ON-SITE MANAGER: Eastern Remedial **TELEPHONE:** 908-840-1411

OWNER: **TELEPHONE:**

EFFECTIVE DATE: September 18, 1992

SEP 2 1992

THIS FORM MUST BE DISPLAYED AT THE SITE DURING THE APPROVED ACTIVITY AND MUST BE MADE AVAILABLE FOR INSPECTION AT ALL TIMES.

Michael S Kelly (For)

KEVIN F. KRATINA, ACTING BUREAU CHIEF
BUREAU OF UNDERGROUND STORAGE TANKS