

BLOCK 666

LOT ~~X~~ 1

QUALIFICATION CODE

ADDRESS (SITE)

730 Lynnwood Rd

PERMIT NO.

19-1956



CONSTRUCTION PERMIT APPLICATION

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

C19-002656

I. IDENTIFICATION

1. Proposed Work Site at: 730 Lynnwood Rd

2. Name of Owner in Fee: Visitation Church
 Tel. (732) 477-0028 e-mail pastored@visitationchurch.com
 Address 730 Lynnwood Rd Brick 08723
street municipality zip code

3. Ownership in Fee: Public ☐ Private ☒

4. Principal Contractor: Meridian Environmental Services Tel. (732) 281-1900
 Address 24 Germania Station Road, Suite 3 e-mail csmith@meridianenviro
Toms River, NJ 08755 mental.com

License No. OR, if new home, Builder Reg. No. 13VH00866800 Exp. Date 03/31/2020

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223663857 FAX: (732) 281-1190

5. Architect or Engineer Christopher Delucca Contact (732) 281-1190
 Address (732) 281-1900 e-mail (732) 281-1190
 Tel. (732) 281-1900 FAX: (732) 281-1190

6. Responsible Person in Charge once Work has Begun Christopher Delucca
 Tel. (732) 281-1900 FAX: (732) 281-1190

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

1. Number of Stories _____

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

(office use only)

COMMERCIAL

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
- ☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. B ☐ 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

TOTAL COST \$0

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

VII. DESCRIPTION OF BUILDING USE**A. RESIDENTIAL (primary use)**

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

B. NON-RESIDENTIAL (primary use)

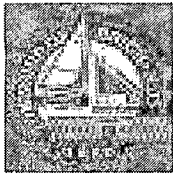
1. State Specific Use: _____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group

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

- D. Construct. Classification: Present _____
- Proposed _____

RECEIVED

JUL 18 2019



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 9/13/2019
Control Number C-19-002656
Permit Number 19-1956
Permit Issue Date 7/26/2019
Certificate Number 19-1956

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 755 MANTOLOKING RD. Brick Township, NJ Block: 666 Lot: 1 Qual: _____
Owner in Fee: CHURCH OF THE VISITATION
Owner Address: 730 LYNNWOOD AVE BRICK NJ 08723
Telephone: _____
Contractor MERIDIAN ENVIRONMENTAL
Address 24 GERMANIA STATION SUITE 3 TOMS RIVER NJ 08755-
Telephone: (732) 281-1900 Fax: (732) 281-1190
License Number or Builders Registration Number: _____ Federal Emp. Number: 22-3663857

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

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: _____



FIRE PROTECTION SUBCODE TECHNICAL SECTION



755
Menthol
1000

Date Received
Control #

7/26/19

Date Issued
Permit #

19-1956

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

Block 666 Lot 201 Qualification Code _____

Work Site Location 730 Lynnwood Rd
Brick

Owner in Fee: Visitation Church

Tel. (732) 477-0028 e-mail pastored@visitationchurch.com

Address 730 Lynnwood Rd Brick 08723

Contractor: Meridian Environmental Services Tel. (732) 281-1900

Address 24 Germania Station Road, Suite 3 e-mail csmith@meridianenviron

Toms River, NJ 08755 Mental.Com

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 223663857 FAX: (732) 281-1190

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: ☐ New OR ☐ Modification to Existing
OR ☐ Conversion OR ☐ Replacement

Fuel Type: ☐ Gas ☒ Oil ☐ Electric ☐ Solar
☐ Other _____

Location: Rear left

Total Cost of Fire Protection Work \$ 1,200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
☐ No Plans Required
☐ Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

☒ Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required: NO

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 7-23-19

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☒ GCO ☐ CA

Date: 9-3-19

Approved by: [Signature]

INSPECTIONS

Type: _____ Dates (Month/Day) _____

Alarm System _____

Suppression Sys _____

Standpipe _____

Fire Pump _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

Flam/Combust Tanks _____

Fireplace Venting _____

Final _____

Other _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or) owner of record and am authorized to make this application.

Applicant/Contractor
sign here: _____

Print name here: Christopher DeLuca

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Removal of (1) 2,000 Gallon UST,

Water Supply Source _____

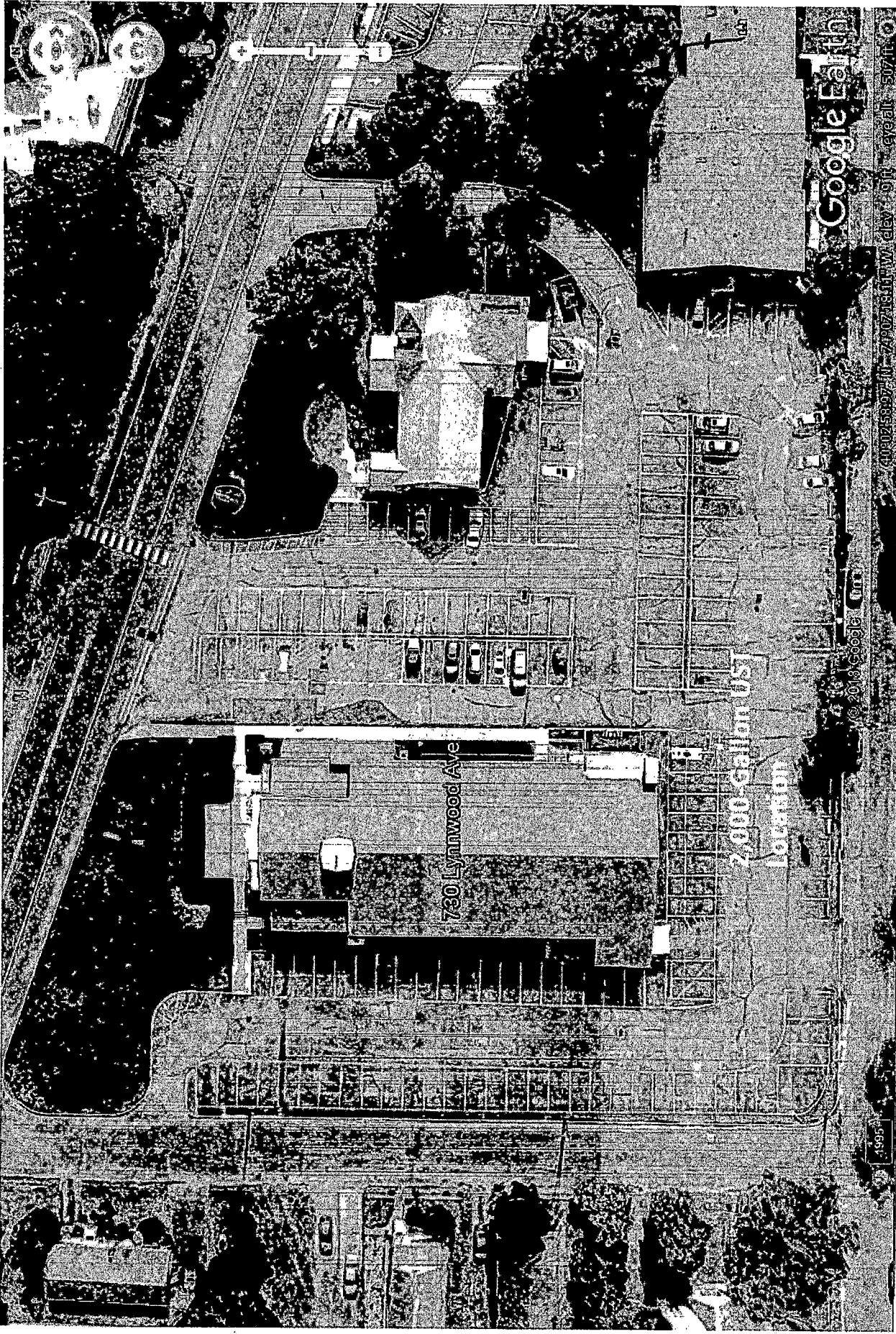
Method of Alarm/Suppression System Supervision _____

	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	<u>0</u>	_____
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	_____	_____
Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other	_____	_____

COMMERCIAL

Documents Attached

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



Google Earth

40-0255897 N -79-0718111 W elev: 91ft eyealt: 5074ft

730 Lynnwood Ave

2,000 Gallon St

Location

1995



August 28, 2019

Brick Twsp. Bldg. Dept.
401 Chambers Bridge Rd.
Brick, NJ 08723
Attn: Permits

RECEIVED

AUG 30 2019

BUILDING

RE: **Visitation Church Site**
755 Mantoloking Rd
Brick, NJ 08723

Block: 666 Lot: 1
Permit #: 19-1956
NJDEP #: N/A
Tank On Site: Yes ☐ No ☒
Reason: N/A

Enclosed please find the back-up documentation for the tank removal performed at the above referenced site.

Please issue a Certificate of Approval to the homeowner. Please mail/fax a copy to our office as well for our records.

Thank you, and should you have any questions, please feel free to contact us at 732-281-1900.

For the Firm,
Meridian Environmental Services, Inc.


Shannon Bright
Client Services
ref: Visitation Church Post TR 08-28-19
encl.

TOWNSHIP OF BRICK



For information call _____

Permit No. _____

15-1556

NOT APPROVED

☐ BUILDING

☐ ELECTRICAL

☐ PLUMBING

☐ ELEVATOR DEVICES

☒ FIRE
PROTECTION

☐ OTHER _____

Type of Inspection _____

Visual UST

Date _____

8/21/15

Inspector _____

Comments _____

Visual UST

Need Tank & Sludge disposal

Receipts only

UCC FORM F-230B

MERIDIAN ENVIRONMENTAL SERVICES, INC.

24 Germania Station Road Suite 3

Toms River, NJ 08755

(732) 281-1900

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading

at 8-21-2019

Client: Visitation Church

the property described below, in apparent good order, except as noted (Contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination. If on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions and hereby agree to by the shipper and accepted for himself and his assigns.

To: Meridian Environmental

Generator: Visitation Church

Address: 24 Germania Station Way, Toms River
NJ 08753

Site Address: 730 Lynwood Rd, Brick, NJ

Phone # 732-281-1900

Phone #

QTY.	Rate Gallons	Kind of Package, Description of Articles, (If Hazardous Materials) Proper Shipping Name	*Weight (Subject to Correction)
85 gal	65		

Placards Required:

Placards Supplied:

☐ yes ☐ no ☐ furnished by Carrier

Truck No. 30

Generator Signature: _____

Transporter's Name ~~Meridian Env.~~ Meridian Env.

Address 24 Germania Station Way, Toms River, NJ

Facility: _____

Emergency Response Phone No. 732-281-1900

Received by: _____

Driver's Name ~~Bay~~ Bay

SHORT FORM B/L

Legend: White - Trucking Co., Canary - Trucking Co., Pink - Facility, Gold - Generator

SCALE RECEIVER

5607

Brick Recycling Company, Inc.

2480 Old Hooper Avenue

Brick, NJ 08723

732-477-0880

Recv Date: 8/22/2019

Time In: 12:43

Control #: 431568

Time Out: 12:53

Pay Method: Cash

FIBERGLASS COAT

MERIDIAN

MERIDIAN ENVIRONMENTAL SERVICE

24 GERMANIA STATION RD

SUITE 3

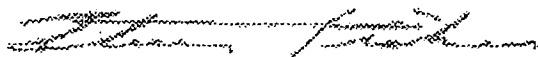
TOMS RIVER

NJ 08755

Commodity	Description				
Gross	Tare	Net	Price / UM	Amount	
FT	Fuel Tanks				
35,880	31,860	4,020	3.00 / HW	120.60	
	Totals	4,020		120.60	

I certify that I am the lawful owner of the merchandise listed above, and this merchandise is free of encumbrances and free of

"Cash envelopes not picked up after 60 days will be forfeited"



Accepted: _____

ID: _____

MERIDIAN ENVIRONMENTAL SERVICES, INC.
CERTIFICATION OF TANK DISPOSAL

(In accordance with American Petroleum Institute recommended practice)

Visitation Church 8-22-19
Client Date
730 Lynwood Rd. Brick, NJ
Site Name
Brick Recycling
Recycling Facility

Tank Description

2000 Steel/fiberglass
Size Type (steel, fiberglass, etc.)
#2 Heating Oil
Prior Contents

Cleaning Certification

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

Bryan J. Meridian 8-22-19
Signed Company Date

Transportation

This is to certify that the above-described tank has been received and will be transported to the disposal site as specified above.

Signed (driver) Transport Company Date

Received for Disposal

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

[Signature] Brick Recycling Company, Inc. 8/22
Signed Date

Comments:

2480 Hooper Ave.
Brick, NJ 08723

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

☒ Check if contractor.

Agent Name Meridian Environmental Services

Address 24 Germania Station Road, Suite 3

Toms River, NJ 08755

Telephone (732) 281-1800

Signature _____

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

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



CONSTRUCTION PERMIT

Date Issued 7/26/19
Control # C-19-002656
Permit # _____

19-1956

IDENTIFICATION Block: 666 Lot: 1 Qualifier _____
Work Site Location: 755 MANTOLOKING RD. Brick Township, NJ Contractor MERIDIAN ENVIRONMENTAL
Owner in Fee CHURCH OF THE VISITATION Address 24 GERMANIA STATION SUITE 3 TOMS RIVER NJ
730 LYNNWOOD AVE. BRICK NJ 08723 Telephone: 08755-
Telephone: _____ Lic. No. or Bldrs. Reg. No. 045826 13VH00866800 US01182
Federal Employee. No. 22-3663857

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

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 \$1,200

D. DeMunnick
Construction Official

7/24/19
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

☐ 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.

TANK ABATEMENT OR ASBESTOS NOTIFICATIONDATE: 7-17-19PROJECT: Visitation ChurchSTREET: 730 Lynnwood Rd. Brick, N.J. 08723CONTRACTOR: MERIDIAN ENVIRONMENTAL SERVICESLICENSE NO. 13VH00866800ADDRESS: 24 GERMANIA Station Rd, SUITE 3, TOMS RIVER, NJ 08955

A.S.C.M.: _____

LICENSE NO. _____

MAILING ADDRESS: _____

OSHA AIR MONITOR: _____

ADDRESS: _____

BUILDING OWNER: _____

MAILING ADDRESS: _____

PHONE: _____

ENGINEER/ARCHITECT: _____

MAILING ADDRESS: _____

PHONE: _____

WASTE HAULER: MeridianLICENSE NO.: DEP#31950

LAND FILL: _____

TOWN: _____

JOB SIZE: (circle one) MINOR ☒ SMALL _____ LARGE _____

QUANTITY OF WASTE GENERATED: _____

CU YARDS _____

LINEAR FOOTAGE: _____

SQUARE FOOTGAE: _____

PROPOSED START DATE: _____

PROPOSED FINISH DATE: _____

COST OF WORK: \$ _____

CONSTRUCTION PERMIT # _____

DATE: _____



STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION



Certifies That

MERIDIAN ENVIRONMENTAL SERVICES INC
24 GERMANIA STA RD STE 3
Toms River, NJ 08755

*Having duly met the requirements of the
Underground Storage Tank Certification Program
N.J.S.A. 58:10A-24.1-8*

Is hereby approved to perform the following services:

CLOSURE
SUBSURFACE EVALUATION

08/31/2020
EXPIRATION DATE

US01182
CERTIFICATION NUMBER

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Home Improvement Contractors

HAS REGISTERED

MERIDIAN ENVIRONMENTAL SERVICES, INC.
Christopher DeLuca / Jessica Charterina-DeLuca
24 Germania Station Road
Suite 3
Toms River NJ 08755

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

02/09/2019 TO 03/31/2020
VALID

Signature of Licensee/Registrant/Certificate Holder

13VH00866800
LICENSE/REGISTRATION/CERTIFICATION #

Paul Rodriguez
ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Home Improvement Contractors

HAS REGISTERED

MERIDIAN ENVIRONMENTAL SERVICES, INC.
Home Improvement Contractor

NOT AN
ELECTRICIAN'S
02/09/2019 TO 03/31/2020
VALID

OR PLUMBER'S
LICENSE
SIGNATURE

13VH00866800
License/Registration/Certificate #

ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Home Improvement Contractors
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE



July 17, 2019

Brick Township Building Dept.
401 Chambers Bridge Rd
Brick, NJ 08723

Attn: Permits

RE: Visitation Church, Site
730 Lynnwood Rd
Brick, NJ 08723

Block: 666

Lot: 21

To Whom It May Concern:

Enclosed please find the permit forms requested for the removal of one 2,000-gallon No. 2 heating oil above ground storage tank (UST) located at the above referenced site.

Please advise us when the permit is approved and the amount of the permit fee.

Thank you, and if you are in need of any further information, please feel free to call us at (732) 281-1900.
Fax – (732) 281-1190.

For the Firm,
Meridian Environmental Services, Inc.

A handwritten signature in black ink, appearing to read "Christine Smith", is written over the printed name.

Christine Smith
Administrative Assistant
Ref: Visitation Church, Site
encl