

DIV. OF INSPECTION



I. IDENTIFICATION

101. Hendrickson Ave: Brick

1. Proposed Work-site at: Brick Twp. Board of Education
2. Name of Owner in Fee: Brick BOE Tel. (908) 477-2800
Address 101 Hendrickson Ave. Brick: 08727
street municipality zip code
3. Ownership in Fee: Public ☒ Private ☐
4. Principal Contractor: Castle Environmental Corp Tel. (201) 933-7004
Address 212 Washington Ave. Camstadt NJ 07072
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Emp. No. 22-295-1044 Social Security No. _____
5. Architect or Engineer pmk group Tel. (908) 686-0044
Address 493 Lehigh Ave. Union NJ 07083
6. Responsible Person in Charge of Work Frank S. Cumiskey Tel. (201) 933-7004

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. ☐ Elevator Devices
10. ☐ Asbestos Abatement
11. ☐ Demolition

TOTAL COSTS

Est	Cost
-----	------

[illegible]

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

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

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

Update

(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 _____ sq. ft.
 no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:

Before Construction

After Construction

Net gain or loss

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group,
Indicate Former:

LDS BR 10314190

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 Ashe Environmental Contractors

Address 912 Washington Ave. Camstadt NJ 07072

Telephone (201) 933-7004

Signature [Signature] Date 12/15/93

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	_____
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. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

12/22/93

2964-93

IDENTIFICATION Block

1068

Lot

15.01

Work Site Location

101 Nondruckson

Contractor

Pue Castle Environment

Owner in Fee

Buck Bd of Education

Address

Address

Tele. ()

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

Underground 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 \$

1000

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building

Plumbing

Electrical

Fire Protection

Other

Other

DCA Training Fee

Cert. of Occ.

Other

Total

Check No.

Cash

Collected By:



Date Received 12/22/93
Date Issued
Control #
Permit # 2964-93

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

Block 101
Work Site Location 101 - Hendrickson Avenue - Back
Owner in Fee Same as above
Address
Tel. (908) 444-2800
Contractor Castle Environmental Contractors
Address 212 - Washington Ave. Eaststradt
Tel. (201) 933-7004
Lic. No. or Bldgs. Reg. No. 22-295-1044 or Social Security No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☒ No Plans Req.	1/1/94		Type: Footing	Failure	Approval
☐ All			Footing		
☐ Foundation			Foundation		
☐ Slab			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	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Alteration \$
Height of Structure			3. Total (1+2) \$
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

CB DOTA

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1. 4000 gal. heating oil tank removal (underground storage tank)

(Office Use Only)
FEE

TYPE OF WORK:	
☐ New Building	
☐ Addition	
☐ Alteration	
☐ Roofing	
☐ Siding	
☐ Fence	Height (6' or over)
☐ Sign	Sq. Ft.
☐ Pool	
☐ Asbestos Abatement	
☐ Other	
☐ Other	
☐ Demolition	

Paid ☐ Check #	Administrative Surcharge \$
Collected by:	Minimum Fee \$
	DCA TRAINING FEE \$
	TOTAL FEE \$

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 #

C93-4651

UST #

0042220

BRICK TOWNSHIP BOARD OF EDUCATION
101 HENDRICKSON AVENUE
BRICK

OCEAN County

THE ABOVE LISTED FACILITY IS HEREBY GRANTED APPROVAL TO PERFORM
THE FOLLOWING ACTIVITY IN ACCORDANCE WITH N.J.A.C. 7:14B-1 21.202:

REMOVAL OF: one 4,000 gallon #2 Fuel /Heating Oil UST(s),
and appurtenant piping

SITE ASSESSMENT: Soil Samples will be taken every five (5) feet
along the center line of each tank and one (1) soil sample for
every 15 feet along all appurtenant piping. Two (2) additional
samples will be taken per excavation and biased to the areas of
highest field screened readings. Samples will be analyzed for
TPHC. Analyze 25% of the samples over 1,000 ppm for VO+10.

ON-SITE MANAGER:

DARRELL MOORE

TELEPHONE:

908-686-0044

OWNER:

TELEPHONE:

EFFECTIVE DATE: NOV 23 1993

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


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