BLOCK 844 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) 1693 W. Princeton Ave PERMIT NO. 04-1748

CONSTRUCTION PERMIT APPLICATION

C07.10

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

I. IDENTIFICATION

1. Propsed Work Site at: 1693 W. Princeton Ave.
2. Name of Owner in Fee: Kristi Shay Construction Tel. (732) 477-4665
   Address 63 Channel Drive (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Hydroscience Inc. Tel. (732) 349-1092
   Address P.O. Box 4478 Toms River NJ 08754
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-3207567 FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun M. Lavigne
   Tel. (732) 349-1092 FAX: (732) 349-9729

Removal of one 550 gallon underground storage tank

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		66-	
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	$	66	

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	

II. PROPOSED WORK

OPTIONAL (for office use only)

	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	600.00		3/4/04						
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction					5-10-04	JS	6/10/04		OK
5. ☐ Fire Protection									
6. ☐ *Plumbing*									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	600.00								

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:

	All Units	Income-restricted
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

U.C.C. F100-1 (rev. 12/03)

called 5/12 mail in

LDS BR 10402807

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.

(X) Check if contractor.

Agent Name HYDROSCIENCE, INC.

Address P.O. BOX 4978
TOMS RIVER, NJ 08753

Telephone (732) 349-9692

Signature Michael Santagni / H.S.

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

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. _____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/12/2004
Control #
Permit # 04-1748

UCC NEW JERSEY
CONSTRUCTION
PERMIT

05/12/2004 01AM 001558#9159
#03 SERV.003
#041748
FIRE
CHECK
$66.00
$-66.00

IDENTIFICATION Block 844 Lot 12 Qual

Work Site Location 1693 WEST PRINCETON AVE
TANK REMOVAL
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Telephone (732)477-4665

Contractor HYDROSCIENCE, INC
Address P O BOX 4978
TOMS RIVER, NJ 08754-
Telephone (732)349-9692
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3207567

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
JOB COST $600.00
REMOVAL OF ONE 550 GALLON UNDERGROUND STORAGE TANK

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	66
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	66
Check No.	21704
Cash	
Collected By	SC

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 $ 300

Michael J. Williams, Jr. CC
Construction Official

05/12/2004
Date

U.C.C. F170 (rev. 3/96) NJ UCCABS 5.24E

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 844 Lot 12

Work Site Location 1693 W. Princeton Ave.

Owner in Fee Krista Shay Construction

Address 63 Channel Dr. Brick

Tele. (732) 477-4665

Contractor HYDROSCIENCE, INC.

Address P.O. BOX 4978 TOMS RIVER, NJ 08753

Tele. ( ) (732) 349-9692 Fax (732) 349-4729

Lic. No.

Federal Emp. No. 22-3207547

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____

Constr. Class Present ____ Proposed ____

Heating Systems [ ] New [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other ____

Location: ____

Total Cost of Fire Protection Work $ 6000

Fire Alarm System

New [ ] Existing [ ]

Location of Panel: ____

Fire Suppression/Standpipe System

New [ ] Existing [ ]

Location of Main Control Valve: ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: ____

Approved by: ____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: ____

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				
Final				
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.

Michael Harlyn / HSD
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Removal of one 550 gallon underground storage tank

Water Supply Source ____

Method of Alarm/Suppression System Supervision ____

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected **NUMBER**		
[ ] System		
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	____	____
Halon Suppression	____	____
Other ____	____	____
Kitchen Hood Exhaust System	____	____
Smoke Control System	____	____
Gas [ ] or Oil [ ] Fired Appliances	____	____
Other ____	____	____

Administrative Surcharge	$ ____
Minimum Fee	$ ____
DCA Training Fee	$ ____
TOTAL FEE	$ ____

UCC F140
(rev 3/96)

Printed on Recycled Paper

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/04/2004
Date Issued 5/12/04
Control # CO7-10
Permit # 04-1748

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

Block 844 Lot 12 Qual
Work Site Location 1693 WEST PRINCETON AVE
TANK REMOVAL
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor HYDROSCIENCE, INC
Address P O BOX 4978
TOMS RIVER, NJ 08754-
Tele.(732)349-9692
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3207567

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 300

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 5-13-04
Approved By: JG

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other ___				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other TANK REMOVAL		66
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by: TOTAL FEE		$ 66
	DCA State Permit Fee	$ 0

U.C.C. F140 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/04/2004
Date Issued 5/12/04
Control # C07-10
Permit # 04-1748

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

Block 844 Lot 12 Qual
Work Site Location 1693 WEST PRINCETON AVE
TANK REMOVAL
Owner in Fee KRISII-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor HYDROSCIENCE, INC
Address P O BOX 4978
TOMS RIVER, NJ 08754-
Tele.(732)349-9692
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3207567

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 300

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By: JG
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other TANK REMOVAL		66
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by: TOTAL FEE		$ 66
	DCA State Permit Fee	$ 0

U.C.C. F140 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/04/2004
Date Issued 5/12/04
Control # C07-10
Permit # 04-1748

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

Block 844 Lot 12 Qual
Work Site Location 1693 WEST PRINCETON AVE
TANK REMOVAL
Owner in Fee KRISTI-SHAY CONSTRUCTION
Address 63 CHANNEL DR
BRICK, NJ 08723-
Tele.(732)477-4665
Contractor HYDROSCIENCE, INC
Address P O BOX 4978
TOMS RIVER, NJ 08754-
Tele.(732)349-9692
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3207567

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 300

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 5-10-04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6/16/04
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other Annl	5-27			

C. CERTIFICATION IN LIEU OF OATH (see above)

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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other TANK REMOVAL		66
Other		0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 66
DCA State Permit Fee	$ 0

U.C.C. F140 (rev. 3/96)

HYDROSCIENCE, INC.
TOMS RIVER, NJ 08754

Brick Township Building Dept.

21704

Check Number: 21704
Check Date: Apr 27, 2004
Duplicate
Check Amount: $66.00

Item to be Paid - Description	Discount Taken	Amount Paid
Permit-1693 W. Princeton Avenue		66.00

TANK ABATEMENT OR ASBESTOS NOTIFICATION

DATE: 4-27-04

PROJECT: Kristi Shay Construction

STREET: 1693 W. Princeton Avenue

CONTRACTOR: Hydroscience, Inc. LICENSE NO. US00702

ADDRESS: P.O. Box 4978, Toms River, NJ 08754

A.S.C.M.: N/A LICENSE NO. N/A

MAILING ADDRESS:

OSHA AIR MONITOR: N/A

ADDRESS:

BUILDING OWNER: Kristi Shay Construction

MAILING ADDRESS: 63 Channel Drive

Brick PHONE: 732 4774665

ENGINEER/ARCHITECT: N/A

MAILING ADDRESS:

PHONE:

WASTE HAULER: Hydroscience, Inc. LICENSE NO.: US17971

LAND FILL:

TOWN:

JOB SIZE: (circle one) MINOR X SMALL____ LARGE____

QUANITY OF WASTE GENERATED: CU YARDS

LINEAR FOOTAGE:

SQUARE FOOTGAE:

PROPOSED START DATE: ASAP PROPOSED FINISH DATE:

COST OF WORK: $ 600.00

CONSTRUCTION PERMIT # DATE:

Hydroscience Group ®
HYDROSCIENCE, INC., P. O. BOX 4978, TOMS RIVER, NEW JERSEY 08754
PHONE 732-349-9692 FAX 732-349-9729

April 27, 2004

Brick Township Building Department
401 Chambers Bridge Road
Brick, NJ 08723

RE: Permit application for underground tank removal at 1693 West Princeton Avenue, Brick, NJ.
Block: 844 Lot: 12

To Whom It May Concern:

Enclosed is the permit application and permit fee for the removal of one underground storage tank located at the above referenced address. Upon approval please mail the permit back to our office at:
Hydroscience, Inc.
P.O. Box 4978
Toms River, NJ, 08754.

Should you have any questions or require more information, please feel free to contact our office at (732) 349-9692.

Thank you,

For the firm;
Hydroscience, Inc.
Michele LaVigne
Michele LaVigne
Administration

Hydroscience Group ®
HYDROSCIENCE, INC., P O BOX 4978, TOMS RIVER, NEW JERSEY 08754
PHONE 732-349-9692 FAX 732-349-9729

$44 | 12

June 15, 2004

Kristi Shay Construction
63 Channel Drive
Brick, NJ 08723

RE: Underground tank removal at 1693 West Princeton Avenue, Brick, NJ
Permit #04-1748

To Whom It May Concern:

On May 27, 2004, Hydroscience, Inc. removed one 600-gallon heating oil tank from the above referenced address. Upon removal of the tank, no evidence of a discharge was noted. The storage tank was cleaned and disposed of according to NJDEP standards. Enclosed please find all necessary tank removal documentation submitted to the Township of Brick Building Department in order to properly close this permit with the township. Copies of the inspection approval sticker, clean fill receipt, tank recycling receipt, and the tank contents disposal bill of lading are included.

Hydroscience, Inc. is pleased to have served your environmental needs. Should you have any questions or concerns, please do not hesitate to contact our office at (732) 349-9692.

For the firm:
Hydroscience, Inc.

Sandra L. Tice
Administrative Assistant

ref: Kristi Shay Tank Pull
cc: Township of Brick Building Dept.

Knist Shay 3422-012
1693 W. Princeton Ave.

For Information Call: 260-760-1

Permit No. 04-1748

APPROVAL FOR FIRE PROTECTION

	Date	Inspector
[ ] Sprinklers		
[ ] Standpipes		
[ ] Special Supp.		
[ ] Alarm		
[ ] Mechanical		
[X] Other tank removal	5-27-04	DB
[ ] Final		

need sludge/tank removal receipts.

U.C.C. Form F-224A

PRO 117

MAILING ADDRESS
P.O. Box 1441
Wall, NJ 07719

(732) 938-5252

YARD
Route 34 South
Wall, NJ

New Jersey Gravel and Sand Co.

DECORATIVE STONE • TOPSOIL • MULCH
LANDSCAPE SUPPLIES • WALLSTONE

12026

Date 5-27-04

Hydroscience

Clay Slurry 3422-012

CHARGE	C.O.D.	YARD	DELIVERED
/		/	

Gross _____

Tare 10300

Net 8600 SAND FILL

9

NO DELIVERIES MADE INSIDE THE CURB LINE
EXCEPT AT CUSTOMER'S RISK.

538370

Rec'd. By _____

I agree to accept this material purchased from N.J. Gravel & Sand Co.

Hydroscience Group ®
HYDROSCIENCE, INC., P. O. BOX 273, LANOKA HARBOR, NEW JERSEY 08734
PHONE 732-349-9892 FAX 732-349-9723

Certification of Tank Disposal

(In accordance with the NJ Department of Environmental Protection Standards)

Client: kristishay Job Number: 3922-012 Date: 5/27/11

Tank Size: 600 Type: Steel Condition: Good

Prior Contents: Heating Oil

Tank Markings: kristishay

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

Hydroscience, Inc. Technician: [signature] Date: 5/27/11

Print Name: Erik J Schisler

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

Singed: _____ Disposal Facility: _____ Date: _____

Print Name: _____

Comments: Brick Recycling Co., Inc.
2480 Hooper Avenue
Brick, New Jersey 08723

adams
9013 (3-PART FORM)

982447/9013 REV 5/00

UNIFORM STRAIGHT BILL OF LADING Original—Not Negotiable—Domestic

Job # 3422-012

Shipper's # Ortiz

Carrier

Agent's No.

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

at 5-27-4 K. Shay Con from 1693 W Princeton Av Brick

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned and destined as shown below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highway operations, 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 of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

(Mail or street address of consignee—For purposes of notification only.)

Consigned to Iorco

Destination 450 Front St (Street) Elizabeth (City) State of NJ Zip Code 07202 County of

Routing NJR0000 23036 Delivering Carrier Vehicle or Car Initial No.

Collect On Delivery

$ and remit to:

Street City State

C. O. D. charge to be paid by { Shipper ☐ Consignee ☐

No. Packages	Description of Articles, Special Marks, and Exceptions	*Weight (Sub. to Cor.)	Class or Rate	Check Column
	87sc Non DOT Reg Non DOT RCRA ID# TB 99% Water 1% oil			

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statements:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor.)

If charges are to be prepaid, write or stamp here, "TO BE PREPAID."

Received $ to apply to prepayment of the charges on the property described hereon.

Agent or Cashier

Per
(the signature here acknowledges only the amount Prepaid.)

Charges Advanced:

$

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding per

Shipper, Per Hydroseinee Agent, Per

Permanent post-office address of shipper, 320 W Water St Toms River NJ

1

(This Bill of Lading is to be signed by the shipper and agent of the carrier issuing same.)

Bill of Lading