

LDS BR 10209560

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 Castle Environmental Contractors

Address 212 Washington Ave. Camden NJ 07072

Telephone (201) 983-7004

Signature Ryora 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			X	X	X	X	X	X	
☐ Planning Board			X	X	X	X	X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority			X	X	X	X	X	X	
☐ Water Authority			X	X	X	X	X	X	
☐ Fire Department			X	X	X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department			X	X	X	X	X	X	
☐ Soil Conservation			X	X	X	X	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 Protection			X	X	X	X	X	X	
☐ Utility Dig No.			X	X	X	X	X	X	
☐			X	X	X	X	X	X	
☐			X	X	X	X	X	X	

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 12-22-93
Control #
Permit # 2963-93

IDENTIFICATION Block 902 Lot 8

Work Site Location MIDSTREAMS ELEM. SCHOOL Contractor CASHE ENVIRON. CONT.

Owner in Fee BRICK BD OF ED Address _____

Address 101 HENDRICKSON AVE Tele. (____) _____

BRICK NT Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Tele. (____) 477-3800 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:

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-

Alexander

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building _____
Plumbing _____
Electrical _____
Fire Protection _____
Other _____
Other _____
DCA Training Fee _____
Cert. of Occ. _____
Other _____
Total _____
Check No. _____
Cash _____
Collected By: _____



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received 12-22-93
Date Issued
Control #
Permit # 2963-93

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 402 Lot 8

Work Site Location Midstream's Elementary School

Owner in Fee Midstream's Parent-Teacher Association

Address 101- Hendricks Ave. Gaith 08727

Tele. (908) 477-2800

Contractor Castle Environmental Contractors

Address 212 Washington Ave
Coastal NJ 07072

Tele. (908) 933-7004

Lic. No. or Bldgs. Reg. No. _____

Federal Emp. No. 22-295-1044 or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Approval
☒ No Plans Req.			Footings		
☒ All	<u>12/21/93</u>		Foundation		
☐ Footings			Slab		
☐ Foundation			Frame		
☐ Frame			Insulation		
☐ Other			Finishes:		
Joint Plan Review Required:			Energy		
☐ Elec. ☐ Plumb. ☐ Fire			Mechanical		
SUBCODE APPROVAL			TCO		
☐ CO ☐ CCO ☐ CA			Other		
Date: _____			Final		
Approved By: _____					

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			Sq. Ft.
New Bldg. Area/All Floors			Sq. Ft.
Volume of New Structure			Cu. Ft.
Total Land Area Disturbed			Sq. Ft.

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

R. Mora

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1- 10,000 gal. heating oil tank removal

(Office Use Only)
FEE

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

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U.C.C. Form F-110B

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



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

12-22-93
2963-93

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

Block 902 Lot 8
Work Site Location Midstream's Elementary School
Owner in Fee Midstream's Road Park
Address 101 Hendrickson Ave. Park. 08727
Tel. (908) 477-2800
Contractor Castle Environmental Contractors
Address 212 Washington Ave
Cornstaple NJ 07072
Tel. (201) 933-7004
Lic. No. or Bids. 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
			Type:	Failure	Approval
☐ No Plans Req.			Footings		
☐ All			Foundation		
☐ Footings			Slab		
☐ Foundation			Frame		
☐ Frame			Insulation		
☐ Other			Finishes:		
Joint Plan Review Required:			Energy		
☐ Elec. ☐ Plumb. ☐ Fire			Mechanical		
SUBCODE APPROVAL			TCO		
☐ CO ☐ CCO ☐ CA			Other		
Date: _____			Final		
Approved By: _____					

B. BUILDING CHARACTERISTICS

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

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

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

1- 10,000 gal. heating oil tank removal

TYPE OF WORK:

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

(Office Use Only)
FEE

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

Brick Township



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

JUL 30 93 00 9881

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

Block 902 Lot 8
Work Site Location 500 Midstreams Rd., Midstreams School
Brick, NJ

Owner in Fee Brick Township B.O.E.
Address 101 Hendrickson Ave.
Brick, NJ 08724

Tele. () 477-2800
Contractor Sodon's Electric, Inc.

Address 25 W Highland Ave., PO Box 408
Atlantic Highlands, NJ 07716

Tele. () 291 1713

Lic. No. 1500A

Federal Emp. No. 222401656 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

☐ Reinspection ☐ Resale ☐ Meter Set

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 2100.

JOB SUMMARY (Office Use Only)

PLAN REVIEW: _____ INSPECTIONS: _____ Dates (Month/Day) _____

☐ No Plans Required _____ Type: _____ Failure _____ Approval _____ Initial _____

Joint Plan Review Required: _____ Rough _____ Temporary _____

☐ Bldg. ☐ Plumb. ☐ Fire _____ Constr. Serv. _____

☐ Elec. Plans Approved _____ TCO _____

Date: _____ Other _____

Approved by: _____ Service _____

SUBCODE APPROVAL: _____ Final _____

☒ TCO ☐ CCO ☐ CA _____ Temp. Cut-in-Card Date Issued 9/14/93

Date: 9/14/93 Final Cut-in-Card Date Issued 9/14/93

Approved by: Electricity Line Dept. P.P.

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.

D. TECHNICAL SITE DATA

NO. 14 SIZE _____

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FEE (Office Use Only)

ITEM

Fixtures (1)

Receptacles (2)

Switches (3)

Total 1 + 2 + 3

Range

Oven(s)

Surface Unit

Dishwasher

Garbage Disposal

Dryer

A/C Unit

Burglar Alarms

Intercoms Panels

Smoke Detectors

Whirlpool/spa

Pool Bonding

Pool Filter Motor

Pool Lights

Water Heater(s)

Central heat:

oil, gas or elec.

Baseboard Heat Units

Thermostats

Heat Pump

Pump(s)

Motor Control Center/Sub Panels

Signs

Light Standards

Motors—Fractional H.P.

Motors—All Others

Transformers

Generators

Service Entrance

Other

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 #

C93-4652

UST #

0260192

MIDSTREAMS ELEMENTARY SCHOOL
MIDSTREAMS ROAD
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 §1.2:

REMOVAL OF: one 10,000 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:

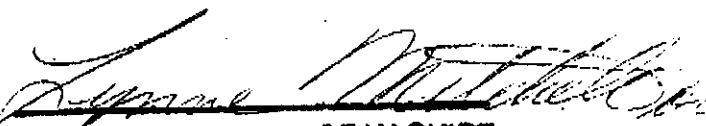
908-686-0044

OWNER:

TELEPHONE:

EFFECTIVE DATE: DEC 07 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