

379-94

MAR 21 1995

DIV. OF INSPECTION



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: MIDSTREAMS ELEMENTARY School
2. Name of Owner in Fee: BRICK BOARD OF ED. Tel. (908) 477-2800
- Address 101 HENDRICKSON AVE. BRICK, N.J.
- street municipality zip code
3. Ownership in Fee: Public ☒ Private ☐
4. Principal Contractor: CASTLE ENVIRONMENTAL CONTR Tel. (201) 933-7004
- Address 212 WASHINGTON AVE. CARLSTADT, N.J. 07072
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Federal Emp. No. 22-2951044 Social Security No. _____
5. Architect or Engineer PMK Group, Inc. Tel. (908) 686-0044
- Address 493 LENIGH AVE. UNION, N.J.
6. Responsible Person in Charge of Work FRANK CUMISKEY Tel. (201) 933-7004

II. PROPOSED WORK

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

7000

OPTIONAL (for office use only)[illegible]

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 | 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 |

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. DCA Training 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. 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 _____

(office use only)	
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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:

LDS BR 10313517

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 AVENUE
CARLSTADT, N.J. 07072

Telephone (201) 933-7004

Signature Harry Allen Date 3/10/94

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 #

3/24/94
379-94

IDENTIFICATION Block

902

Lot

8

Work Site Location

Midstreams Elem School

Contractor

Castle Eng. Contr

Owner in Fee

Duck Bldg Co

Address

101 Midstream Dr

Address

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Tele. ()

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:

1 10,000 Gas 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 \$

7,000

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:



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

3/24/94
379-94

IDENTIFICATION Block 902 Lot 8
Work Site Location Midstream Elm School Contractor Castle Ensl. Contr.
Owner in Fee Buch Ed of CA Address _____
Address 121 Nordw. Ave 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:

1 10,000 Gas 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 \$ 7000-

ADPierzo
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:	_____



Date Received
Date Issued
Control #
Permit #

5/24/94
379-94

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

Block 402 Lot 1
Work Site Location MISTREANS ESTATEARY SECT
Owner in Fee BRICK TAP BOE
Address 101 HEDDERSON AVENUE
BRICK, N.J.
Tele. (908) 477-2800
Contractor CASTLE ENVIRONMENTAL CONTRACTORS
Address 212 WASHINGTON AVENUE
CARLSTADT, N.J. 07032
Tele. ()
Lic. No. or Bids. Reg. No. 22-2851044 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	3/24/94	RLT	Foundation		
☐ Footing			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			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 record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

REMOVAL & DISPOSAL OF
DUE 10,000 GAL #2FO UST.

(Office Use Only)

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

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



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

3/24/94
379-94

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

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

Block 902 Lot 1

Work Site Location MISTREANS ELEMENTARY School

Owner in Fee BRICK TWP BOE

Address 101 HENDERICKSON AVENUE

BRICK, N.J.

Telephone 908-477-2800

Contractor CASTLE ENVIRONMENTAL CONTRACTORS

Address 212 WASHINGTON AVENUE

CARLESTADT, N.J. 07072

Telephone ()

Lic. No. or Bids. Reg. No. 22-2951044

Federal Emp. No. 22-2951044 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	7/2/94	R/C	Foundation		
☐ Footing			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

Harold G. Gentry Jr.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Removal & Disposal of
ONE 10,000 GAL #2 FEO UST.

TYPE OF WORK:

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

(Office Use Only)

FEE

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



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

3/24/94
379-94

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

Block 607 Lot D
Work Site Location Millstream Freeway & Cedar
Owner in Fee Back Tap Bldg
Address 101 Hendrickson Avenue
Back Tap
Tele. (410) 433-2800
Contractor Castle Environmental Contractors
Address 212 Williams Road, Suite 100
Tele. (410) 433-2800
Lic. No. or Bids. Reg. No. _____ or Social Security No. _____
Federal Emp. No. 22-355041

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Approval
☐ No Plans Req.			Footings		
☒ All			Foundation		
☐ Footing			Slab		
☐ Foundation			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			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

D. TECHNICAL SITE DATA

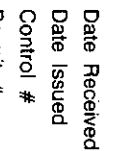
DESCRIPTION OF WORK

Removal & disposal of
ONE 10,000 GAL #2 F.O. UST.

(Office Use Only)
FEE

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

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



3/24/94
3/29/94

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 am authorized to make this application.

1

DESCRIPTION OF WORK

Removal & Disposal of
One 10,000 Gals #2FO UST.

Only use

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

Abstract

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			

Est. Cost of Bldg. Work:

1. New Bldg. \$
2. Alteration \$
3. Total (1+2) \$

Administrative Surcharge	_____
Minimum Fee	_____
DCA TRAINING FEE	_____
TOTAL FEE	_____

④
 ⑤
 ⑥
 ⑦

2 Canary = Office Copy
4 Gold = Applicant Copy

BLOCK

902

N.J.A.C. (Uniform Code) 5:23-2.5, Paragraph 5. The approved set of plans must be on the job site at all times. If the plans are not on the site no inspections will be made.

LOT

8

APPROVED

This Permit Must Be Displayed Immediately At Start of Construction

APPROVAL OF THESE PLANS BY THE BUILDING INSPECTOR DOES NOT IN ANY WAY ALLOW THE ENCROACHMENT OF ANY BUILDING OR PART THEREOF IN CONNECTION THEREWITH BEYOND THE PROPERTY LINE, NOR IN ANY WAY PERMIT ANY VIOLATION OF THE BUILDING CODE WHETHER SHOWN ON PLANS OR NOT.

Before starting to build read the Building Code.

Owner

M. STRECHANSKY, Esq.

Contractor

PERMIT NO.

3/24/94

DATE APPROVED

FEE PAID

EXEMPT

CONSTRUCTION OFFICIAL

BIRCH TOWNSHIP

THIS PERMIT EXPIRES ONE YEAR FROM ABOVE APPROVED DATE.
OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX MONTHS.

INSPECTIONS

- | | | | |
|---------------|-------|--------------------|-------|
| 1. FOOTING | _____ | 6. SHEET ROCK | _____ |
| 2. FOUNDATION | _____ | 7. PLUMBING | _____ |
| 3. SHEATHING | _____ | 8. FIRE INSPECTION | _____ |
| 4. FRAMING | _____ | 9. FINAL | _____ |
| 5. INSULATION | _____ | | |