BLOCK 724 LOT 1 ADDRESS (SITE) 350 CHAMBERS BRIDGE ROAD PERMIT NO. 2251-96

RECEIVED
AUG 29 1996
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: VOC-TEC HIGH SCHOOL, 350 CHAMBERS BRIDGE RD, BRICK
2. Name of Owner in Fee: OCEAN COUNTY VOC-TEC B.O.E. Tel. (908) 473-3112
   Address 1299 OLD FREEHOLD ROAD, TOMS RIVER 08753
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: FOUR STRONG BUILDERS, INC. Tel. (201) 614-0377
   Address 180 SARGEANT AVE., CLIFTON, NJ 07013
   License No. OR, if new home, Builder Reg. No. 00094 - ASBESTOS Exp. Date 04/08/97
   NJ WASTE HAULER PERMIT NO. #12609
   Federal Emp. No. 22-2661590 Social Security No. _____
5. Architect or Engineer R.K. OCCUPATIONAL Tel. (908) 454-6316
   Address 401 ST. JAMES AVE., PHILLIPSBURG, NJ 08865
6. Responsible Person in Charge of Work RAJICA CRICA Tel. (201) 614-0377

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	185—		
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		6—		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	191—		

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

II. PROPOSED WORK

Asbestos Abatement.

	Est. Cost
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	6,700.00
11. ☐ Demolition	
TOTAL COSTS	7000—

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

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

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 10303065

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.

(X) Check if contractor.

Agent Name FOUR STRONG BUILDERS, INC

Address 180 SARGEANT AVE.

CLIFTON, NJ 07013

Telephone (201) 614-0377

Signature * Raj Cen Date 08/28/96

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 Protect.									
☐ 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.				

CONSTRUCTION PERMIT

Date Issued 8/29/96
Control #
Permit # 225/-96

IDENTIFICATION Block 724 Lot 1

Work Site Location 350 Chambersbridge Rd
Brick NJ 08723

Owner in Fee Ocean County Voc Tec Bd E
Address 1299 Old Freehold Rd
Toms River NJ 08753
Tele (908) 473-3112

Contractor Four Strong Builders Inc
Address 180 Sargeant Ave
Clifton NJ 07013
Tele (201) 619-0370
Lic No or Bldrs Reg No 4601 Exp Date 9 8 99
Federal Emp No 22-2661590
or Social Security No

is hereby granted permission to perform the following work

[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK

Asbestos Abatement

PAYMENTS (Office Use Only)	
Building	185 –
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	6 –
Cert of Occ	
Other	
Total	191 –
Check No	1944
Cash	
Collected By	[illegible]

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 $ ~~6700~~ 6700

CONSTRUCTION OFFICIAL

U C C Form F 170C

1 WHITE OFFICE 2 CANARY TAX ASSESSER 3 PINK JACKET 4 GOLD APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/24/96
Date Issued
Control #
Permit # 225-96

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

Block 724 Lot 1
Work Site Location VOC-TECH HIGH SCHOOL
350 CHAMBERS BRIDGE RD. BRICK TOWN N J
Owner in Fee OCEAN COUNTY VOC TECH BOE
Address 1299 OLD FREEHOLD ROAD
TOMS RIVER N J 08753
Tele (908) 473-3112
Contractor FOUR STRONG BUILDERS, INC
Address 180 SARGEANT AVE
CLIFTON N J 07013
Tele (201) 614-0377
Lic No or Bldrs Reg No 00094-ASBESTOS
Federal Emp No 22 266 1590 or Social Security No

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

ASBESTOS ABATEMENT

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Req	8-29-96	AM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required
[ ] Elec [ ] Plumb [ ] Fire

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

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (6 or over)
- [ ] Sign _____ Sq Ft
- [ ] Pool
- [X] Asbestos Abatement
- [ ] Other _____
- [ ] Other _____

[ ] Demolition

(Office Use Only)
FEE
$

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) $

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by DCA TRAINING FEE $
TOTAL FEE $

UCC Form F1108 1 White Inspector Copy 2 Canary Office Copy 3 Pink Office Copy 4 Gold Applicant Copy

TANK ABATEMENT OR
ASBESTOS ABATEMENT NOTIFICATION

Date: 08-29-96

Project: VOC-TECH HIGH SCHOOL

Street: 350 CHAMBERS BRIDGE RD

Town: BRICK TWN. N.J.

Contractor: FOUR STRONG BUILDERS, INC License No. 00094

Address: 180 SARGEANT AVE CLIFTON N.J.

A.S.C.M: _____ License No. _____

Address: _____

OSHA AIR MONITOR: R.K OCCUPATIONAL & ENVIRONMENTAL

Address: 401 ST. JAMES AVE PHILLISBURG N.J. 08865

BUILDING OWNER: OCEAN COUNTY VOC-TECH BOE

Street: 1299 OLD FREEHOLD ROAD
Town: TOMS RIVER
Phone: 908-473-3112 County: OCEAN Zip 08753-4298

Engineer/Architect: _____

Street: _____
Town: _____
Phone: _____ County _____ Zip _____

Waste Hauler: FOUR STRONG BUILDERS INC license No. 00094 / 12609

Address: 180 SARGEANT AVE CLIFTON N.J.

Land Fill: G.R.O.W.S
Town: MORISVILLE, PA.

Job Size: (Circle one) Minor _____ Small X Large _____

Quantity of Waste Generated: (All applicable)
Cu. Yds 2
Linear Footage: _____
Square Footage: _____

Proposed Start Date: 09-02-96 Proposed Finish Date: 09-05-96

Cost of work: $ 6,700.00

Construction permit number: 2251-96. Date issued: 8/29/96

OS43A

1-19-89

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

EMERGENCY !

Date of Notification (1)	Name of Building Owner/Operator (2)
08/12/96	Ocean County Vocational-Technical School District

Agencies Notified	Type Notification	Street Address
[X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	[X] Initial Notification [ ] Amended Notification [ ] Cancellation	1299 Old Freehold Road City, State, Zip Code: Toms River, NJ 08753-4298

Name of Contact	Telephone Number
Edward Crawford	908-473-3112

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Voc-Tec High School Street Address: 350 Chambers Bridge Road	[X] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e., private & commercial buildings, homes, etc.)

City (5)	County (6)	County Code (7) (STATE USE ONLY)
Brick Town	Ocean	

Square Feet	# of Floors	Bldg. Age
90,000	2	25

Current Use (Prior if being demolished): school

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.
R.K. Occupational & Environmental	

Street Address: 401 St. James Ave.
City, State, Zip Code: Phillipsburg, NJ 08865

Project Manager for Monitoring Firm	Telephone Number
Mike Mc Guinnies	908-454-6316

Name of Abatement Contractor (9)	
Four Strong Builders, Inc.	
Street Address: 180 Sargeant Ave.	
City, State, Zip Code: Clifton, NJ 07013	
Telephone Number: 201-614-0377	License Number: 00094

Scheduled Start Date (10)	Sched. Completion Date (11)
___/___/___ (Month / Day / Year)	___/___/___ (Month / Day / Year)

Name of OSHA Monitor: Enviro Vision
Street Address: 698 Main Road
City, State, Zip Code: Towaco, NJ 07082

Occupancy Status During Abatement (Check only one)
[X] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours - Describe: _____
[ ] Other - Describe: _____

Scope of Work (Check all that apply)
[ ] Demolition
[ ] >3 sf or >3 lf
[X] ≥160 sf or ≥260 lf
[ ] Renovation
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[X] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSUL	ENCLOSURE
academics office - 2nd. floor		X		non asbestos floor tiles with ACM mastic	1500SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Four Strong Builders, Inc.	12609	20	G.R.O.W.S.
City, State: Clifton, NJ		Disposal Date	City, State: Morrisville, PA

Completed By (Print or Type)	Title	Signature	Date
Mirko Mikan	Office Manager		

ASB-41
JUN 95

State of New Jersey
Department of Labor
DIVISION OF WORKPLACE STANDARDS

ASBESTOS LICENSE

LICENSE NUMBER: 00094

ISSUE DATE: 04/08/96 EXPIRATION DATE: 04/08/97

THIS LICENSE has been issued in accordance with and subject to the provisions of the Asbestos Control and Licensing Act, P.L. 1984, c. 173.

Employer: Four Strong Builders Inc.

Address: 180 Sargeant Avenue

Clifton, NJ 07013

TYPE "A" LICENSE to perform any type of asbestos work

Responsible Individual: Rajica Cirica, President

This license is VALID ONLY FOR THE EMPLOYER NAMED HEREIN and must be readily available at the work site for inspection by the Commissioners of Labor and Health and the contracting agency.

Commissioner

08537

ACL-4 (R-12-94)