BLOCK 701 LOT 12 ADDRESS (SITE) 350 Chambers Bridge Rd PERMIT NO. 1868-91

RECEIVED
OCT 7 1991
DIV. OF CODE APPLICATION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Ocean City Vo-Tech · 350 Chambers Bridge Rd
2. Name of Owner in Fee: Ocean County Vo-Tech BOE Tel. (908) 349-8425
   Address 137 BEY LEA Road (street) Toms River (municipality) (zip code)
3. Ownership in Fee: Public ✓ Private ____
4. Principal Contractor: FTMS INC. Tel. (201) 440-7672
   Address P.O Box 305 Ridgefield Park NJ 07660
   License No. OR, if new home, Builder Reg. No ____ Exp. Date ____
   Federal Emp. No. 22-2665261 Social Security No. ____
5. Architect or Engineer ____ Tel. (____) ____
   Address ____
6. Responsible Person In Charge of Work Kelly Donahue, Ronald Brumley Tel. (201) 440-7672

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 100-		
2. Electrical			
3. Plumbing			
4. Fire Protection	25-		
5. Other			
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

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of 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. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	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. ☐ Asbestos Abatement	
10. ☒ Demolition	
TOTAL COSTS	

2 TANKS. REMOVAL.

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			9/7/91	[illegible]	10/6/91		
			10/8/91	[illegible]	10-6-91		

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 Removal

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:

U.C.C. Form F-100A

LDS BR 10206809

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 Terence Doran FTMS Sales Rep

Address F.T.M.S. INC
PO Box 305 Ridgefield Park NJ 07660

Telephone (201) 440-7672

Signature Terence Doran Date 10/3/91

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							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 Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☐ Certificate of Occupancy	No. _____	_____	
☐ Certificate of Approval	No. _____	_____	
☐ None			

CONSTRUCTION PERMIT

Date Issued 10-8-91
Control #
Permit # 1868-91

IDENTIFICATION Block 701 Lot 12

Work Site Location Ocean VoTech Sch.
350 Chambers Bridge Rd Brick

Owner in Fee Ocean Cnty VoTech BOE
Address 137 Bey Lea Rd
Toms River
Tele. (908) 349-8425

Contractor F.T.M.S. Inc
Address P.O Box 365
Ridgefield Park NJ 07660
Tele. (201) 440-7672
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. 22-2665261
or Social Security No. _____

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [✓] OTHER Tank Removal
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK: Clean + Remove (1) 2000 gallon waste oil Tank. + (1) 10000 gallon #2 heating oil Back Fill + Grade + Restore Surface

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 $ 35,000.

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	175.00
Check No.	
Cash	
Collected By:	

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring; devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10-8-91
Control #
Permit # 1868-91

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

Block 701 Lot 12
Work Site Location Ocean Cnty Vo-Tech School
350 Chambers Bridge Rd
Owner in Fee Ocean Cnty Vo-Tech Bde
Address 137 Bey-Lea Road
Toms River
Tele. (908) 349-8425
Contractor FTMS Inc
Address P.O Box 905
Ridgefield Park NJ 07660
Tele. (201) 440-7672
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2666261 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[X] All	10/7/91	RG	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [X] CA			TCO				
Date: 12-6-91			Other				
Approved By: J. Chrusch			Final				

B. BUILDING CHARACTERISTICS

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

Terence P. Doran FTMS Sales Rep
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Clean and Remove 1-250 gallon waste + 1-10,000 gallon #2 heating oil

Procedures:
- Pump out Tank contents and manifest to State Licensed Facility
- Vent, Purge + cold cut Tank
- Squeegee, scrape + wipe Tank clean
- Extract Tank + Dispose at Facility
- Back fill, Grade - Restore surface

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] Demolition
[ ]. Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE
$ ____
EFMP

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ TOTAL FEE $ ____

U.C.C. Form F-110A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

12-6-97 10,000 gal tank O.K

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10-8-91
Control #
Permit # 1868-91

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

Block 701 Lot 12
Work Site Location Ocean Cnty Vo-Tech School
350 Chambers Bridge Rd
Owner in Fee Ocean Cnty Vo-Tech BOE
Address 137 Bey-Lea Road
Toms River
Tele. (908) 349-8425
Contractor FTMS Inc
Address P.O Box 305
Ridgefield Park NJ 07660
Tele. (201) 440-7672
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2665261 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[X] All	10/7/91	MC	Footing				
[ ] Footing			Foundation				
[ ] Foundation			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 ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of 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.

Terence P. Doran FTMS Sales Rep
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Clean and Remove 1-250 gallon waste oil + 1-10,000 gallon #2 heating oil

Procedures:
- Pump out Tank contents and manifest to State Licensed Facility
- Vent, Purge + cool out Tank
- Squeegee & scrape + wipe Tank clean
- Extract Tank & Dispose at Facility
- Back Fill Grade - Restore surface

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE
$ ____
FTM 27

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ TOTAL FEE $ ____

U.C.C. Form F-110A
1 White=Inspector Copy
2 Canary=Office Copy
3 Pink=Office Copy
4 Gold=Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10-8-91
Control #
Permit # 1868-91

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

Block 701 Lot 12
Work Site Location Ocean Cnty Vo-Tech Schl.
350 Chambers Bridge Rd Brick
Owner in Fee Ocean Cnty Vo Tech BOE
Address 137 Bey Lea Rd
Toms River NJ
Tele. (908) 349-2425
Contractor F.T.M.S Inc.
Address P.O Box 305
Ridgefield Park NJ 07660
Tele. (201) 440-7672
Lic. No.
Federal Emp. No. 22-2665261 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 6/18/91
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 12-6-91
Approved by:

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Tank Removal			12/6/91	
Other				
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.

Terrence P. Doran
SIGNATURE FTMS Sales Rep

D. TECHNICAL SITE DATA

Description of Work Clean + Remove (1) 250 gallon waste oil + (1) 10000 gallon #2 heating oil

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks (✓) Capacity 10250 gal Fuel 250 gal waste + 10000 gal #2 oil
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. *Storage Tanks* ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		
Administrative Surcharge		
Minimum Fee		
TOTAL FEE		

FTMS + Remove Tank 25

Paid [ ] Check #
Collected by

U.C.C. Form F-140A

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

12-6-91 Tanks cleaned out Paper work self
Be mailed in w/o the cleaned out Tank
Answer it what to.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10-8-91
Control #
Permit # 1868-91

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

Block 701 Lot 12
Work Site Location Ocean Cnty Vo-Tech Schl.
350 Chambers Bridge Rd Brick
Owner in Fee Ocean Cnty Vo Tech . BOE
Address 137 Bey Lea Rd
Toms River NJ
Tele. (908) 349-8425
Contractor F.T.M.S Inc.
Address PO Box 305
Ridgefield Park NJ 07660
Tele. (201) 440-7672
Lic. No.
Federal Emp. No. 22-2665761 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ______ Proposed ______
Constr. Class. Present ______ Proposed ______
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ______
Location: ______
Total Est. Cost of Fire Prot. Work $ ______ [ ] Other ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 10/9/91 X
Approved by: X
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

Dates (Month/Day)

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. Terence P. Doran
SIGNATURE FTMS Sales Rep

D. TECHNICAL SITE DATA

Description of Work Clean + remove (1) 2,500 gallon waste oil + (1) 1,000 gallon #2 heating oil

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks (✓) Capacity 1000/2500 Fuel waste oil / #2 fuel oil
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

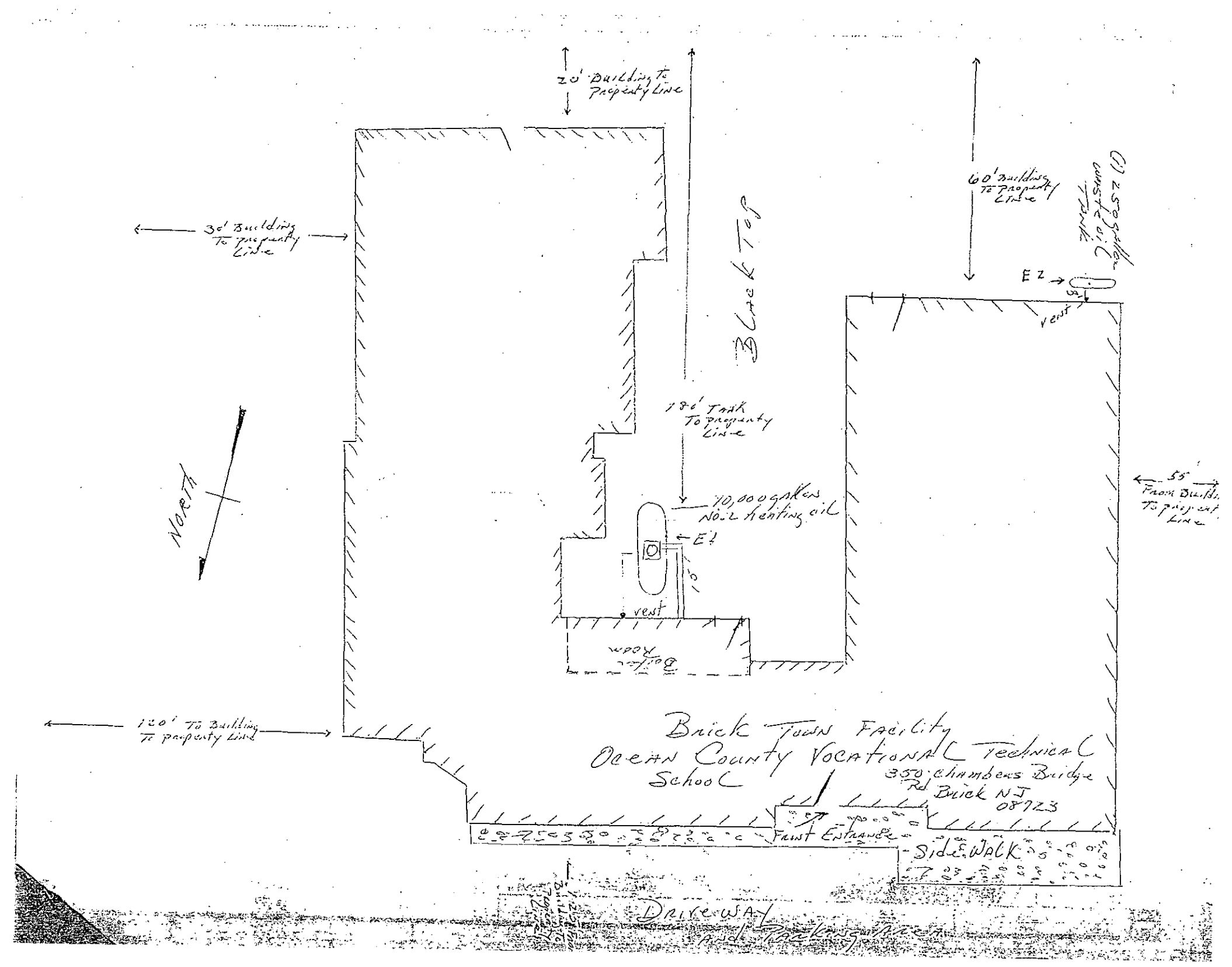
	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Remove Tank:		25
Gas or Oil Fired Appliance		
OTHER		

F.T.M.S.T.

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

U.C.C. Form F-140A

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


20' Building To Property Line
60' Building To Property Line
(2) 2,500 gallon gasoline tank
E2
vent
30' Building To property Line
Black Top
18' Tank To property Line
10,000 gallon No. 2 heating oil
E1
10
vent
North
55' From Building To property Line
120' To Building To property Line
Brick Town Facility
Ocean County Vocational Technical School
350 Chambers Bridge Rd Brick NJ 08723
Front Entrance
Sidewalk
Driveway
Asphalt Parking Area

Underground Storage Tank

CLOSURE APPROVAL

Division of Water Resources
Bureau of Underground Storage Tanks
CN-029
Trenton, NJ 08625-0029

UST NO. 0219486

APPROVAL # C-91-3170

Ocean County Vocational
Technical School
350 Chambers Bridge 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 et seq.

Removal of one (1) 250 gallon waste oil tank, three (3) soil samples for TPHC will be taken.

Block:
Lot:

ON-SITE MANAGER : Terence Doran

TITLE: Site Manager
TELEPHONE: ( )
TELEPHONE: (201) 440-7672
(201) 349-8425

OWNER: Ocean County Vocational Technical School

EFFECTIVE DATE: September 11, 1991

This form must be displayed at the site during the approved activity and must be made available for inspection at all times.

Kenneth Goldstein

DEP AUTHORIZATION
KENNETH GOLDSTEIN, P.E.

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

UST-011 Green-Applicant Copy-Applicant Copy-LCO Copy-TMS Copy-R&B

Underground Storage Tank

CLOSURE APPROVAL

Division of Water Resources
Bureau of Underground Storage Tanks
CN-029
Trenton, NJ 08625-0029

UST NO. 0219486

APPROVAL # C-91-3206

Ocean County Vocational
Technical School
350 Chambers Bridge 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 et seq.

Removal of one (1) 10,000 gallon heating oil tank, nine (9) soil samples for TPHC will be taken.

Block:
Lot:

ON-SITE MANAGER : Terence Doran TITLE: Site Manager
TELEPHONE: (201) 440-7672

OWNER: Ocean County Vocational Technical School TELEPHONE: (201) 349-8425

EFFECTIVE DATE: September 11, 1991

This form must be displayed at the site during the approved activity and must be made available for inspection at all times.

Kenneth Goldstein

DEP AUTHORIZATION
KENNETH GOLDSTEIN, P.E.

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

UST-011 Green-Applicant Copy-Applicant Copy-LCO Copy-TMS Copy-R&B

State of New Jersey
Department of Environmental Protection and Energy
Division of Responsible Party Site Remediation
CN 029
Trenton, NJ 08625-0029
Tel. # 609-984-3156
Fax. # 609-292-5604

Scott A. Weiner
Commissioner

Karl J. Delaney
Director

SEP 1 11991

Dear Applicant:

The Department of Environmental Protection and Energy (the Department) received an "Underground Storage Tank Closure Plan Approval Application" for your facility. This application detailed the procedures to be implemented as required by the Underground Storage Tank Systems Technical Requirements and Procedures at N.J.A.C. 7:14B-1 et seq. Based upon our review of the information submitted, a Closure Approval is hereby granted.

A Standard Reporting Form (SRF) must be submitted to the Department within seven (7) days of removal or abandonment of the tank(s). The date of removal or abandonment must be included with the SRF. The SRF will be used to delist the tank(s) from the Bureau of Underground Storage Tanks (BUST) registration files. A copy of the SRF is attached.

Within ninety (90) days of completion of the tank(s) closure, a Site Assessment Summary pursuant to N.J.A.C. 7:14B-9.5 must be submitted to BUST (copy attached). If contamination is discovered during closure, you are required to initiate corrective action as per N.J.A.C. 7:14B-8 and outlined in the Department's Scope of Work document. All discharges must be reported to the Spill Hotline at (609) 292-7172.

Once you have obtained a Closure Approval, a demolition permit issued pursuant to N.J.A.C. 5:23 et seq. and authorized by the Department of Community Affairs (DCA), Construction Code Element must be procured from your local construction code official. For further information in obtaining a demolition permit, please contact the local construction code official directly, or DCA's Code Assistance Unit at (609) 530-8793.

If you require further information or assistance, please contact the Tank Management Section of BUST at (609) 984-3156.

Attachments: Closure Approval
SRF
SAS

FTMS

FUEL TANK MAINTENANCE SERVICE, INC.

P.O. BOX 305 • RIDGEFIELD PARK, NEW JERSEY 07660
TELEPHONE (201) 440-7672/FAX: (201) 440-3049

October 4, 1991

Mr. Ray Korkowski
Building Sub-Code Official
Building Sub-Code Department
Brick Township Municipal Building
401 Chambers Bridge Road
Brick Township, N.J. 08723

Dear Mr. Korkowski:

Thank you for your courtesy during our recent telephone conversation.

As we agreed, enclosed please find permit applications for the cleaning and removal of the underground storage tanks at Ocean County Vo-Tech School's, Brick Township location.

We are hoping to be able to start work October 14, 1991.

If you have any questions please feel free to call me at your convenience.

Sincerely,

Terence P. Doran

Terence P. Doran
Sales Representative