

BLOCK 842 LOT 3 QUALIFICATION CODE _____ ADDRESS (SITE) 1700-W Princeton Ave PERMIT NO. 15-3602



CONSTRUCTION PERMIT APPLICATION

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

C-15-005193

I. IDENTIFICATION

1. Proposed Work Site at: 1700 West Princeton Ave
2. Name of Owner in Fee: Garv 2 Lunn Decker
Tel. _____ e-mail _____
Address 1700 - West Princeton Ave. Brick NJ. 08724
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Petro Jersey Inc Tel. (800) 707-2022
Address 990 Cedarbridge Ave e-mail STE-157
Brick N.J. 08723
License No. OR, if new home, Builder Reg. No. US00785 Exp. Date 3-31-16
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): D.E.P.
Federal Emp. ID No. 22-2930583 FAX: (732) 477-7513
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. () _____ FAX: () _____
6. Responsible Person in Charge once Work has Begun Ken Reg
Tel. (800) 707-2022 FAX: () _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$	
2. Electrical		
3. Plumbing		
4. Fire Protection	<u>125</u>	
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	\$ <u>125</u>	

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. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved _____ HUD _____	
9. Total Land Area Disturbed	sq. ft.
10. Flood Hazard Zone	
11. Base Flood Elevation	ft.
12. Wetlands yes _____ no _____	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☐ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Approval	Rejection	Re-viewer
<u>750⁰⁰</u>	<u>GMR</u>	<u>10-5-15</u>		<u>12/1/15</u>	<u>Ken</u>				

TOTAL COST

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change In Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted
Gained, Sale _____
Gained, Rental _____
Lost, Sale _____
Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s): _____

- D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/28/2015
Control Number C-15-005193
Permit Number 15-3602
Permit Issue Date 10/20/2015
Certificate Number 15-3602

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1700 W. PRINCETON AVE. Brick Township, NJ Block: 842 Lot: 3 Qual: _____
Owner in Fee: ALLAN, JEANE B
Owner Address: 37-10 BERDAN AVE FAIR LAWN NJ 07410
Telephone: [REDACTED]
Contractor PETRO JERSEY INDUSTRIES
Address 990 CEDAR BRIDGE AVENUE BRICK NJ 08723
Telephone: (800) 707-2022 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: 74-3106-205
Home Warranty Number: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: TANK REMOVAL

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Date Printed: 12/28/2015

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1

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(f)1.ix:

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. 5:23-2.15(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 Petro Jersey Industries
Address 990 Cedar Bridge Ave Ste-B7
Brick N.J. 08723
Telephone (800) 707-2022
Signature [Signature]

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 842 Lot 3 Qualification Code _____

Work Site Location 1700- West Princeton ave

Owner in Fee: Garv & Lynn Decker

Tel. _____ e-mail _____

Address 1700- West Princeton ave Brick NJ 08784

Contractor: Petro-Trey Industries Tel. (800) 707-2022 Zip Code 08784

Address Brick NJ 08783 e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. USECOT85 Exp. Date 3-31-16

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): D.E.P.

Federal Emp. ID No. 22-2530583 FAX: (22) 477-7513

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____

Constr. Class: Present _____ Proposed _____ Fuel Type: ☐ Flammable or ☒ Combustible

Heating System: ☐ New or ☐ Modification to Existing Fire Alarm System: ☐ New or ☐ Existing

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar Fire Suppression/Standpipe System: ☐ New or ☐ Existing

Other _____ Location of Main Control Valve: _____

Location: _____

Total Cost of Fire Protection Work \$ 750.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW _____ INSPECTIONS _____

☐ No Plans Required _____ Type: _____

☐ Partial - Underlab Utilities Approved _____ Alarm System _____

Date: _____ Approved by: _____ Suppression Sys. _____

☒ Fire Protection Plans Approved _____ Standpipe _____

Date: 1/15/15 Approved by: [Signature] Fire Pump _____

Joint Plan Review Required: _____ Pre-Eng. System _____

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev. Mechanical _____

SUBCODE APPROVAL for PERMIT _____ Smoke Control _____

Date: 1/15/15 TCO _____

Approved by: [Signature] Flam/Combust Tanks _____

SUBCODE APPROVAL for CERTIFICATE _____ Fireplace Venting _____

Date: 1/15/15 Final _____

Approved by: [Signature] 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.

Applicant/Contractor _____

sign here: _____

Print name here: Bernard Barry

D. TECHNICAL SITE DATA ☐ Certified Contractor ☒ Exempt Applicant

DESCRIPTION OF WORK: _____

Water Supply Source Removing 1-275 gals/hr A.S.T.

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

☐ System _____

☐ 110v Interconnected _____

☐ CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, puffs, water/flow) _____

Supervisory Devices (i.e., lamps, low/high air) _____

Signaling Devices (i.e., horns/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 _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Date Received 10/20/15

Control # _____

Date Issued 15-3602

Permit # _____



Toll Free: 1-800-707-2022

Facsimile: 1-732-477-7513

Operating from Summit, Hackensack and Point Pleasant to serve you

November 20, 2015

(Hand Delivered)

Gary and Lynn Decker

87 Donaldson Avenue

Rutherford, NJ 07070

Reference: Fuel Tank Services

Job Site: 1700 West Princeton Avenue, Brick, NJ

Permit No. 15-3602

Tank Disposal Certification

To Whom It May Concern:

This is to confirm that ***Lynn Decker*** had hired ***Petro Jersey Industries, Inc.*** to properly and safely remove and dispose of an existing 275-gallon #2 oil tank located in the basement at the above referenced job-site.

The home heating oil tank was removed, inspected and disposed of on ***November 7, 2015***. Once the tanks remaining #2 Fuel/Sludge was taken out and put in a drum, the tank was cleaned out on site, inspected by the Local Building Department, cut in pieces and hauled out onto truck to be properly transported to the ***Brick Recycling Company, Inc., Brick, NJ*** for proper disposal. Later on ***November 10, 2015*** the #2 Fuel/Sludge was pumped out of the drum and properly disposed of by ***Charlie's Oil Recovery Service, Inc., Lakehurst, NJ***.

If I can be of further assistance to you, please do not hesitate to contact me.

Regards,

Tina

Tina Racelis

PETRO JERSEY INDUSTRIES, INC

Attachments

Cc: Brick Township (Via facsimile# 732-262-8954)

Ken Rea, GM for the firm

File

EPA Approved
NJD982789810

DEPE Approved
#33925

Charlie's Oil Recovery Service, Inc.

Waste Oil - Waste Water Removal

Charlie LoBello
Owner

P.O. Box 338
Lakehurst, NJ 08733
732-657-1707

TO

11-10-15
1700 W. Papamoose Ave
Riverton

DESCRIPTION	AMOUNT
732-262-9445	
Removed	
#2 Fuel Oil	
80 gals	
MANIFEST # 723496	SUB TOTAL
	TAX
WASTE # N/A	TOTAL

[Signature]

SCALE RECEIVER

3303

Brick Recycling Company, Inc.

2480 Old Hooper Avenue

Brick, NJ 08723

732-477-0880

Recv Date: 11/7/2015**Time In:** 09:06**Control #:** 325774**Time Out:** 09:12**Pay Method:** CASH
cut&clean

PETRO

PETRO

99 RIVER AVE

LAKEWOOD

NJ 08701

Commodity	Description	Net	Price / UM	Amount
Gross	Tare			
FT	Fuel Tanks			
6,600	6,360	240	3.00 / HW	
	Totals	240		

I certify that I am the lawful owner of the merchandise listed above, and this merchandise is free of encumbrances and freon.

Accepted: _____

ID: _____



CONSTRUCTION PERMIT

Date Issued 10/20/15
Control # C-15-005193
Permit # 15-3602

IDENTIFICATION Block: 842 Lot: 3 Qualifier _____
Work Site Location: 1700 W. PRINCETON AVE Brick Township, NJ Contractor PETRO JERSEY INDUSTRIES
Address 990 CEDAR BRIDGE AVENUE BRICK NJ 08723
Owner in Fee ALLAN JEANE B
37-10 BERDAN AVE FAIR LAWN NJ 07410 Telephone: (800) 707-2022
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. 74-3106-205

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

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 \$250

Construction Official _____

Date 10/14/15

U.C.C. F170
equiv (rev 1/04)

1. WHITE - INSPECTOR

2. CANARY - OFFICE

3. PINK - TAX ASSESSOR

4. GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$125
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$125
Check No.	<u>21570</u>
Cash	\$0
Credit	\$0
Collected By	

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 the work installed conforms with 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 granted.

- ☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:
1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
 4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- ☐ 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. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

10/20/15
C-15-005193
15-3600

IDENTIFICATION Block: 842 Lot: 3 Qualifier
Work Site Location: 1700 W. PRINCETON AVE. Brick Township, NJ Contractor: PETRO JERSEY INDUSTRIES
Address: 990 CEDAR BRIDGE AVENUE BRICK NJ 08723
Owner in Fee: ALLAN, JEANE B Telephone: (800) 707-2022
37-10 BERDAN AVE FAIR LAWN NJ 07410 Lic. No. or Bldrs. Reg. No.
Telephone: Federal Employee No. 74-3106-205

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

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: \$150

Construction Official

Date

10/14/15

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$125
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$125
Check No.	24570
Cash	\$0
Credit	\$0
Collected By	

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 the work installed conforms with 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 granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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



STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION



Certifies That

PETRO JERSEY INDUSTRIES INC
990 CEDAR BRIDGE AVE
Brick, NJ 08723

*Having duly met the requirements of the
Underground Storage Tank Certification Program
N.J.S.A. 58:10A-24.1-8*

Is hereby approved to perform the following services:

CLOSURE
INSTALLATION-ENTIRE UST SYSTEM
SUBSURFACE EVALUATION
TANK TESTING

03/31/2016
EXPIRATION DATE

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

US00785
CERTIFICATION NUMBER

TANK ABATEMENT OR ASBESTOS NOTIFICATION

DATE: 10-5-15

PROJECT: Decker Property

STREET: 1700-West Princeton ave

CONTRACTOR: Petro Jersey Ind. LICENSE NO. US 00785

ADDRESS: 990 Cedarbridge Ave Ste B7 Brick N.J. 08723

A.S.C.M.: _____ LICENSE NO. _____

MAILING ADDRESS: _____

OSHA AIR MONITOR: _____

ADDRESS: _____

BUILDING OWNER: Gary & Lynn Decker

MAILING ADDRESS: 1700-West Princeton Ave

Brick N.J. 08724 PHONE: 

ENGINEER/ARCHITECT: _____

MAILING ADDRESS: _____

PHONE: _____

WASTE HAULER: _____ LICENSE NO.: _____

LAND FILL: _____

TOWN: _____

JOB SIZE: (circle one) MINOR X SMALL _____ LARGE _____

QUANTITY OF WASTE GENERATED: _____ CU YARDS _____

LINEAR FOOTAGE: _____

SQUARE FOOTGAE: _____

PROPOSED START DATE: _____ PROPOSED FINISH DATE: _____

COST OF WORK: \$ 750⁰⁰

CONSTRUCTION PERMIT # _____ DATE: _____