Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 1170.05 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 144 Walter Road PERMIT NO. 15-0308

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 144 Walter Road
2. Name of Owner in Fee: Meridian Health Realty
   Tel. (732) 776-3870 e-mail _____
   Address 81 Davis Avenue (street) Ste. 01 Neptune (municipality), NJ 07753 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Jacobs Demolition Tel. (732) 528-3800
   Address PO Box 9 - 52 Taylor Ave e-mail _____
   Manasquan, NJ 08736
   License No. OR, if new home, Builder Reg. No. 13VH02503900 Exp. Date 03-31-15
   Home Improvement Contra[illegible] Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] FAX: (732) 528-3809
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun Michael Jacobs
   Tel. (732) 528-3800 FAX: (732) 528-3809

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. State Permit Surcharge 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. 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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	20,340 -								
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	20,340 -								

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

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 Jacobs Demolition & Carting

Address PO Box 9

Manasquan, NJ 08736

Telephone (732) 528-3800

Signature

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 9/15/2020
Control Number C-15-000440
Permit Number 15-0308
Permit Issue Date 2/5/2015
Certificate Number 15-0308

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 144 WALTER RD Brick Township, NJ 08724 Block: 1170.05 Lot: 6 Qual:

Owner in Fee: MERIDIAN HEALTH REALTY

Owner Address: 81 DAVIS AVE STE 1 NEPTUNE NJ 07753

Telephone: (732) 776-3870

Contractor JACOBS DEMOLITION

Address 52 TAYLOR AVENUE MANASQUAN NJ 08736

Telephone: (732) 528-3800 Fax: (732) 528-3809 Federal Emp. Number: [redacted]

License Number or Builders Registration Number:

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: DEMOLITION SINGLE FAMILY DWELLING

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:

Fee: $0.00
Check Number:
Collected By:

Construction Official
Date Printed: 9/15/2020

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 15-0308

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

Block 1170.05 Lot 6 Qualification Code

Work Site Location 144 Wacker Road
Brick, NJ

Owner in Fee: Meridian Health Realty

Tel. 732-776-3870 e-mail

Address 81 Davis Avenue Ste-01 Neptune, NJ 07753
street municipality zip code

Contractor: Jacobs Demolition Tel. 732-528-3800

Address PO Box 9 - 52 Taylor Avenue
Manasquan, NJ 08736

Contractor License No. or Builder Registration No. 13VH02503900 Exp. Date ~~03-31-05~~

Home Improvement [redacted] Reason (if applicable):

Federal Emp. ID No. [redacted] FAX: 732-528-3809

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.

Sign here:

Print name here: Michael Jacobs Jr.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Demolish single family home

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 05/29/20
Approved by: KGH

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final * 3/13/15 KW			05/27/20	KGH
Barrier-Free				

Dates (Month/Day)

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[X] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 20,340.00

U.C.C. F110 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

* Set Grade to its natural state

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 1170.05 Lot 6 Qualification Code _____

Work Site Location 144 Wastern Road Brick, NJ

Owner in Fee: Meridian Health Realty

Tel. 732-776-3870 e-mail _____

Address 81 Davis Avenue Ste. 01 Neptune, NJ 07753
street municipality zip code

Contractor: Jacobs Demolition Tel. 732-528-3800

Address PO Box 9 - 52 Taylor Avenue e-mail
Manasquan, NJ 08736

Contractor/License No. or Builder Registration No. 13VH02503900 Exp. Date ~~08-31-05~~

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. [redacted] FAX: 732-528-3809

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.

Sign here: _____

Print name here: Michael Jacobs Jr.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Demolish single family home

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL for PERMIT		
Date:		
Approved by:		
SUBCODE APPROVAL for CERTIFICATE		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved by:		

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 20,340.00

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [X] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F110 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Jacobs Demolition & Carting
PO Box 9
Manasquan, NJ 08736
732-528-3800/732-528-3809 Fax

To:	Matt Brick Twnsp. Building Dept.	**Date:**	2/23/2015
		From:	Linda
Re:	**144 Walter Road**	**Fax:**	732-262-2941

Message:

Matt:

The following are dump slips for the completed demolition of 144 Walter Road, permit # 15-0308. Please schedule inspection at your next available date so we can close out the permit for this job.

Any questions, please feel free to call our office at the number listed above.

Thank you,
Linda

1170.05/6

TOWNSHIP OF BRICK
Debris form

Work Site Address: 144 Walter Road

Block: 1170.05 Lot: 6

Contractor: Jacobs Demolition & Carting

Contractor's Address: 52 Taylor Avenue Manasquan, NJ 08736

Type of Construction (minor, new home): single family home

Type of Debris (shingles, siding, wood, etc.): roofing + siding shingles, wood, concrete

Party responsible for removal: Jacobs Demolition & Carting

Dumpster size: 30 and 40 yard

Destination of debris: Mazza and Lerch Recycling

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature

12-23-15
Date

Michael P. Jacobs
Print Name

406 Walter St Brick Demo

MAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD,TINTON FALLS,NJ

Weighed: Sarah French
Deposit: Sarah French
BILL TO: 1422
JACOBS DEMOLITION CO.

Vehicle ID: XBCN51
Reference: 40 YDS

Origin: BRICK, OCEAN
DATE IN: 02/18/2015 TIME IN: 13:02:33
DATE OUT: 02/18/2015 TIME OUT: 13:28:41

INBOUND TICKET Number: 02-786571

SCALE 3 GROSS WT.	53740	LB
SCALE 3 TARE WT.	36480	LB
NET WEIGHT	17260	LB

Qty	Description	Amount
8.64	CONSTRUCTION & DEMOL	848.00
	RE TAX	25.82
	NET CHARGE AMOUNT:	873.82
	CREDIT REMAINING: -3013.73	

X _____

40 yds. Demo 144 walter Rd.

MAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD,TINTON FALLS,NJ

Weighed: Sarah French
Deposit: Sarah French
BILL TO: 1422
JACOBS DEMOLITION CO.

Vehicle ID: XC584X
Reference: 40YD

Origin: BRICK, OCEAN
DATE IN: 02/18/2015 TIME IN: 13:59:15
DATE OUT: 02/18/2015 TIME OUT: 14:15:58

INBOUND TICKET Number: 02-786580

SCALE 3 GROSS WT.	48120	LB
SCALE 3 TARE WT.	33580	LB
NET WEIGHT	14540	LB

Qty	Description	Amount
7.27	CONSTRUCTION & DEMOL	545.25
	RE TAX	21.81
	NET CHARGE AMOUNT:	567.06
	CREDIT REMAINING: -3580.79	

X _____

40 yds. Demo 114 Walter Rd. Brick tw.

MAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD,TINTON FALLS,NJ

Weighed: Sarah French
Deposit: Sarah French
BILL TO: 1422
JACOBS DEMOLITION CO.

Vehicle ID: XC564X
Reference: 40YD

Origin: BRICK, OCEAN
DATE IN: 02/18/2015 TIME IN: 11:39:06
DATE OUT: 02/18/2015 TIME OUT: 11:57:23

INBOUND TICKET Number: 02-786551

SCALE 3 GROSS WT.	46680	LB
SCALE 3 TARE WT.	33680	LB
NET WEIGHT	13020	LB

Qty	Description	Amount
8.51	CONSTRUCTION & DEMOL	488.25
	RE TAX	19.53
	NET CHARGE AMOUNT:	507.78
	CREDIT REMAINING: -2339.81	

X _____

Walter

MAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD,TINTON FALLS,NJ

Weighed: Sarah French
Deposit: Sarah French
BILL TO: 1422
JACOBS DEMOLITION CO.

Vehicle ID: XAUN58
Reference:

Origin: BRICK, OCEAN
DATE IN: 02/19/2015 TIME IN: 13:58:08
DATE OUT: 02/19/2015 TIME OUT: 14:07:07

INBOUND TICKET Number: 02-786721

SCALE 3 GROSS WT.	77640	LB
SCALE 3 TARE WT.	40000	LB
NET WEIGHT	37640	LB

Qty	Description	Amount
18.82	CONCRETE	141.15

NET CHARGE AMOUNT: 141.15
CREDIT REMAINING: 5422.84

X_____

#343 WALTER Rd Brick (Demo)

MAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD,TINTON FALLS,NJ

Weighed: Sarah French
Deposit: Sarah French
BILL TO: 1422
JACOBS DEMOLITION CO.

Vehicle ID: XBCN51
Reference: 30 YD

Origin: BRICK, OCEAN
DATE IN: 02/19/2015 TIME IN: 13:48:19
DATE OUT: 02/19/2015 TIME OUT: 13:59:03

OUTBOUND TICKET Number: 02-786720

SCALE 3 GROSS WT.	74960	LB
SCALE 3 TARE WT.	36820	LB
NET WEIGHT	38140	LB

Qty	Description	Amount
1.00	CRUSH CON	20.00

SALES TAX	1.40
NET CHARGE AMOUNT:	21.40
CREDIT REMAINING:	5563.99

X

#406 WALTER Brick (Demo)

MAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD,TINTON FALLS,NJ

Weighed: Tommy
Deposit: Tommy
BILL TO: 1422
JACOBS DEMOLITION CO.

Vehicle ID: XBCN51
Reference: 40 YDS

Origin: BRICK, OCEAN
DATE IN: 02/19/2015 TIME IN: 07:48:20
DATE OUT: 02/19/2015 TIME OUT: 08:07:40

INBOUND TICKET Number: 01-193396

SCALE 1 GROSS WT.	60400	LB
SCALE 1 TARE WT.	36340	LB
NET WEIGHT	24060	LB

Qty	Description	Amount
12.03	CONSTRUCTION & DEMOL	902.25

RE TAX	36.09
NET CHARGE AMOUNT:	938.34
CREDIT REMAINING:	4647.05

X

#343 WALTER Brick (Demo)

LERTCH RECYCLING CO.
PO BOX 1362
732-681-0206
WALL,NEW JERSEY 07719

Ticket No : 109719
Date :2/19/15
Phone :(732)681-0206
Fax :(732)938-6362

Customer: JAC10
JACOBS DEMOLITION
52 Taylor Ave.

Manasquan,NJ 08736

Truck : JAC
Material: 12 CONCRETE
Location: SR11 BRICK
$6.00/tn

Gross:	76160	lb	Scale 1	In	11:13 am
Tare:	36900	lb	Scale 1	Out	11:21 am
Net:	39260	lb			
	19.630	tn			

Weigh Master: CIS CIS

Driver:

Remarks: Thanks

Material $	117.78
Delivery $	0.00
Misc $	0.00
Tax $	0.00
Total $	117.78
Received $	117.78

#343 WALTER Brick (Demo)

LERTCH RECYCLING CO.
PO BOX 1362
732-681-0206
WALL,NEW JERSEY 07719

Ticket No . 109709
Date :2/19/15
Phone :(732)681-0206
Fax :(732)938-6362

Customer: JAC10
JACOBS DEMOLITION
52 Taylor Ave.

Manasquan,NJ 08736

Truck : JACOBS
Material: 12 CONCRETE
Location: SR11 BRICK
$6.00/tn

Gross:	68320	lb	Scale 1	In	9:40
Tare:	36760	lb	Scale 1	Out	9:51
Net:	31560	lb			
	15.780	tn			

Weigh Master: CIS CIS

Driver:

Remarks: Thanks

Material $	94.68
Delivery $	0.00
Misc $	0.00
Tax $	0.00
Total $	94.68
Received $	94.68

#343 WALTER Rd
Brick
(Demo)

LERTCH RECYCLING CO.
PO BOX 1382
732-681-0206
WALL,NEW JERSEY 07719

Ticket No : 109732
Date :2/18/15
Phone :(732)681-0206
Fax :(732)938-6362

Customer: JAC10
JACOBS DEMOLITION
52 Taylor Ave.

Manasquan,NJ 08736

Truck : JAC
Material: 12 CONCRETE
Location: BRI11 BRICK
$8.00/tn

Gross:	68500	lb	Scale 1	In	1:42 p
Tare:	37160	lb	Scale 1	Out	1:47 p
Net:	31340	lb			
	15.670	tn			

Weigh Master: CIS CIS

Driver:

Remarks: Thanks

Material $	94.02
Delivery $	0.00
Misc $	0.00
Tax $	0.00
Total $	94.02
Received $	94.02

LERTCH RECYCLING CO.
PO BOX 1382
732-681-0206
WALL,NEW JERSEY 07719

Ticket No : 109715
Date :2/18/15
Phone :(732)681-0206
Fax :(732)938-6362

Customer: JAC10
JACOBS DEMOLITION
52 Taylor Ave.

Manasquan,NJ 08736

Truck : JAC
Material: 12 CONCRETE
Location: BRI11 BRICK
$8.00/tn

Gross:	70600	lb	Scale 1	In	10:38 am
Tare:	33300	lb	Scale 1	Out	10:52 am
Net:	37300	lb			
	18.650	tn			

Weigh Master: CIS CIS

Driver: Tom Jacobs

Remarks: Thanks

Material $	111.20
Delivery $	0.00
Misc $	0.00
Tax $	0.00
Total $	111.20
Received $	111.20

LERTCH RECYCLING CO.
PO BOX 1362
732-681-0206
WALL,NEW JERSEY 07719

Ticket No : 109725
Date :2/18/15
Phone :(732)681-0206
Fax :(732)938-6362

Customer: JAC10
JACOBS DEMOLITION
52 Taylor Ave.

Manasquan,NJ 08736

Truck : JACOB
Material: 12 CONCRETE
Location: BRI11 BRICK
$6.00/tn

Gross: 68460 lb Scale 1 In 12:14
Tare: 32780 lb Scale 1 Out 12:24

Net: 35680 lb
17.840 tn

Weigh Master: CIS CIS

Driver: Tom Sinn

Remarks: Thanks

Material $	110.0
Delivery $	0.0
Misc $	0.0
Tax $	0.0
Total $	110.0
Received $	110.0

LERTCH RECYCLING CO.
PO BOX 1362
732-681-0206
WALL,NEW JERSEY 07719

Ticket No : 109728
Date :2/19/15
Phone :(732)681-0206
Fax :(732)938-6362

Customer: JAC10
JACOBS DEMOLITION
52 Taylor Ave.

Manasquan,NJ 08736

Truck : JAC
Material: 12 CONCRETE
Location: BRI11 BRICK
$6.00/tn

Gross: 60040 lb Scale 1 In
Tare: 33480 lb Scale 1 Out

Net: 26560 lb
13.280 tn

Weigh Master: CIS CIS

Driver: Tom Sinn

Remarks: Thanks

Material $	
Delivery $	
Misc $	
Tax $	
Total $	
Received $	

LERTCH RECYCLING CO.
PO BOX 1382
732-681-0208
WALL,NEW JERSEY 07719

Ticket No : 109722
Date :2/18/15
Phone :(732)681-0208
Fax :(732)938-8382

Customer: JAC10
JACOBS DEMOLITION
52 Taylor Ave.

Manasquan,NJ 08736

Truck : JAC
Material: 12 CONCRETE
Location: BRI11 BRICK
$8.00/tn

Gross: 68640 lb Scale 1 In
Tare: 38000 lb MAIN WT Out
Net: 30640 lb
15.320 tn

Weigh Master: CIS CIS

Driver:

Remarks: Thanks

Materia $:
Delivery $
Misc $
Tax $

Total $
Received $

LERTCH RECYCLING CO.
PO BOX 1382
732-681-0208
WALL,NEW JERSEY 07719

Ticket No : 109714
Date :2/18/15
Phone :(732)681-
Fax :(732)938-

Customer: JAC10
JACOBS DEMOLITION
52 Taylor Ave.

Manasquan,NJ 08736

Truck : JACOBS
Material: 12 CONCRETE
Location: BRI11 BRICK
$8.00/tn

Gross: 74680 lb Scale 1
Tare: 39000 lb MAIN WT
Net: 35680 lb
17.840 tn

Weigh Master: CIS CIS

Driver:

Remarks: Thanks

Material $
Delivery $
Misc $
Tax $

Total $
Received $

CONSTRUCTION PERMIT

Date Issued 2/5/2015
Control # C-15-000440
Permit # 15-0308

IDENTIFICATION Block: 1170.05 Lot: 6 Qualifier

Work Site Location: 144 WALTER RD Brick Township, NJ 08724

Owner in Fee: MERIDIAN HEALTH REALTY
81 DAVIS AVE STE 1 NEPTUNE NJ 07753

Telephone: (732) 776-3870

Contractor: JACOBS DEMOLITION
Address: 52 TAYLOR AVENUE MANASQUAN NJ 08736

Telephone: (732) 528-3800
Lic. No. or Bldrs. Reg. No. 13VH02503900
Federal Employee. No. [redacted]

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [ ] FIRE PROTECTION
- [x] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
DEMOLITION SINGLE FAMILY DWELLING

Note: If constuction 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 $20,340

David J. Newman Jr. 2/5/15
Construction Official Date

PAYMENTS (Office Use Only)

Building	$125
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$125
Check No.	6132
Cash	$0
Credit	$0
Collected By	Nichol Ponsi

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

1 WHITE - INSPECTOR 2. CANARY - OFFICE **3 PINK - TAX ASSESSOR** 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 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.

- [x] 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:

- [x] 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.

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: #44 Walter Road

BLOCK: 1170.05 **LOT:** 6

CONTRACTOR: Jacobs Demolition (52 Taylor Avenue)

CONTRACTOR'S ADDRESS: PO Box 9 Manasquan, NJ

Type of Construction(minor, new home): Single family home

Type of Debris (shingles, siding, wood, etc.): roofing + siding shingles, wood, concrete

Party responsible for removal: Jacobs Demolition

Dumpster Size: 40 yard

Destination of Debris: Mazza 3230 Shafto Rd., Tinton Falls

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Signature

2/5/15
Date

Michael Jacobs
Print Name

New Jersey Office of the Attorney General
Division of Consumer Affairs
124 Halsey Street, 7th Newark NJ 07102

LICENSEE VERIFICATION LETTER

DATE: Wed Dec 3 13:10:34 EST 2014

TO WHOM IT MAY CONCERN

This is to verify the following License/Permit holder is licensed/permited by The State of New Jersey.
The information below reflects the current status.

The Division's records indicate that no public disciplinary action has been taken against this license.

BOARD NAME: Home Improvement Contractors
OCCUPATION: Home Improvement Contractor

LICENSE NUMBER: 13VH02503900 STATUS: Active
NAME: Jacobs Demolition & Carting LLC
ADDRESS: 52 Taylor Avenue

Manasquan NJ 08736

LICENSE ISSUED: 05/08/2006
EXPIRATION DATE: 03/31/2015
CHANGE OF STATUS DATE: 05/08/2006

VERY TRULY YOURS,
Steve C. Lee
Acting Director

BACKGROUND AND MULTIPLE SECURITY FEATURES PAT. SERVERIFY AUTHENTICITY

IT AN
ECTRICIAN'S
PLUMBER'S
CENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Jacobs Demolition & Carting LLC
Michael P. Jacobs
52 Taylor Avenue
Manasquan NJ 08736

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

10/30/2013 TO 12/31/2014
VALID

13VH02503900
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Jacobs Demolition & Carting LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

10/30/2013 TO 12/31/2014
VALID

SIGNATURE

13VH02503900

DIRECTOR

License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

Jacobs Demolition & Carting LLC EXPIRATION DATE **2014**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 02503900** . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

Jersey Central Power & Light
A FirstEnergy Company

417 New Jersey Avenue
Point Pleasant Beach, NJ 08742

July 7, 2014

Meridian Health Realty Corp.
FAX: 732-776-3874

Ref: DR #331415381

Dear Customer:

This letter confirms that Jersey Central Power & Light Company has performed a field inspection of the building listed below and determined that our electric service cables and meters have been removed.

144 Walter Rd
Brick NJ 08724

This notification is effective as of the above date, and certifies the referenced building is now electrically safe for demolition.

Sincerely,

Danielle M. Larsen
Distribution Specialist

DML/bmc

demoltr.pf1

New Jersey Natural Gas

August 8, 2014

Meridian Health Realty Corp
81 Davis Ave STE 1
Neptune, NJ 07753

Gas Service Disconnection

RE: 144 Walter Rd., Brick (8312138)
Email:
FAX:

Per your request, New Jersey Natural Gas has investigated the above referenced property for the presence of natural gas facilities. The facilities (if any) have been permanently disconnected at the main, which may be in the road or behind the curb line.

***********IMPORTANT***********

PLEASE READ CAREFULLY

SHOULD YOU REQUIRE GAS SERVICE RESTORED, PLEASE FOLLOW THE DIRECTIONS BELOW:

1. **Call 1-800-221-0051, a minimum of 6 business weeks prior to the estimated reconnection date. This is necessary for us to obtain permits required to restore your service.**
2. When you call, please ask to speak to a **Marketing Representative**, who will assist you to have a new gas service line installed.
3. Please be advised that the new service line must be installed according to the current company installation standards.

c. NBPT
File
8312138

BRICK UTILITIES
THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 Highway 88 West * Brick, New Jersey 08724-2399
(732) 458-7000 * FAX (732) 458-5378
www.brickmua.com

August 05, 2014

SOCH PROPERTIES 3 CLOCK BLDG
144 WALTER RD
BRICK, NJ 08724-3002

Account: 17355207-0
Service Location: 144 WALTER RD
Block: 1170.05_6
Subject: Building to Be Demolished and Reconstructed

Dear Customer,

This is to certify that the water and sewer service at the subject property has been terminated and the water metering system has been removed.

If further information is required, please contact the undersigned.

Respectfully yours,

Beverly
BEVERLY
Customer accounts representative

LTR115

January 15, 2015

Township of Brick
401 Chambersbridge Road
Brick, NJ 08724

Re: 144 Walter Road

To Whom It May Concern:

To the best of my knowledge, there is no asbestos materials present on the home located at 144 Walter Road, Brick.

Thank you,

Brian W. Heuer
Meridian Healthy Realty Corp.
VP Facilities Development