



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.

A handwritten signature in black ink, appearing to read "Bryan J. Dickerson", is written over a horizontal line.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020



DO YOU WANT:	1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells	12. ☐ Fire Alarm
1. ☐ Partial Releases	2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks	
2. ☐ Prototype Processing	3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly	10. ☐ Swimming Pools, Spas and Hot Tubs	
		7. ☐ Sprinklers/Standpipes	11. ☐ LPGas Tanks	

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.

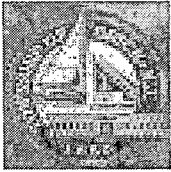
I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

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
Monksquan, NJ 08736
Telephone (732) 528-3800
Signature [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)

Page 1



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 _____Block 1170.05 Lot 6 Qualification Code _____

Work Site Location 144 Walter Road

Brick, NJ

Owner in Fee: Meridian Health Realty

Tel. 732-971-3870 e-mail

38 Davis Avenue Ste. 21, Northport, NY 07753

Address 81 DAVIS AVENUE STE 01 Weymouth, MA 01988
street municipality zip code

Contractor: Jacobs Demolition Tel. 732-528-3800

Address P.O. Box 9 - 52 Taylor Avenue

Monasquan, NJ 08736

Contractor/License No. or Builder Registration No. 13VH02503900 Exp. Date 08-31-33

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

Federal Emp. ID No. _____ 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			INSPECTIONS		Dates (Month/Day)		
	Date	Initial			Failure	Approval	Initial
☐ No Plans Required	_____	_____	Type:	Failure	_____	_____	_____
☐ All	_____	_____	Footings	Failure	_____	_____	_____
☐ Footings/Foundations	_____	_____	Footings Bonding	_____	_____	_____	_____
☐ Structural/Framework	_____	_____	Foundation	_____	_____	_____	_____
☐ Exterior	_____	_____	Slab	_____	_____	_____	_____
☐ Interior	_____	_____	Frame	_____	_____	_____	_____
			Truss Sys./Bracing	_____	_____	_____	_____
Joint Plan Review Required:			Barrier-Free	_____	_____	_____	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer	_____	_____	_____	_____
Date: _____			Finishes -Final	_____	_____	_____	_____
Approved by: _____			Energy	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			Mechanical	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA			TCO	_____	_____	_____	_____
Date: _____			Other	_____	_____	_____	_____
Approved by: _____			Final	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ **Constr. Class** Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work: _____

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____ 3. Total (1+ 2) \$ 20,340.00

Max. Occupancy Load U.C.C. F110 (rev. 11/09)

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

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 _____
☒ Demolition

FEE (Office Use Only)

§

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

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 Twmsp. 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 Lertch 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

2-23-15
Date

Michael P. Jacobs
Print Name

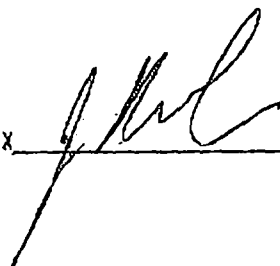
406

WALTER
BRICK
DemoMAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD. TINTON FALLS, NJWeighed: Sarah French
Deposit: Sarah French
BILL TO: 1422
JACOBS DEMOLITION CO.Vehicle ID: XBCN51
Reference: 40 YDSOrigin: 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
8.84	CONSTRUCTION & DEMOL	848.00

RE TAX 25.92
NET CHARGE AMOUNT: 873.92
CREDIT REMAINING: -3013.73X 

40 ydr.

Demo
144 walter
RD.MAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD. TINTON FALLS, NJWeighed: Sarah French
Deposit: Sarah French
BILL TO: 1422
JACOBS DEMOLITION CO.Vehicle ID: XC5B4X
Reference: 40YDOrigin: BRICK, OCEAN
DATE IN: 02/18/2015 TIME IN: 13:59:15
DATE OUT: 02/18/2015 TIME OUT: 14:15:59

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 ydr. Demo
114 walter
RD. Bricktw.MAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD. TINTON FALLS, NJWeighed: Sarah French
Deposit: Sarah French
BILL TO: 1422
JACOBS DEMOLITION CO.Vehicle ID: XC5B4X
Reference: 40YDOrigin: 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 13000 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# 185599
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# 185599
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: 5563.98

X J. Smith

#406 WALTER
Brick
(Demo)
MAZZA
FACILITY ID# 185599
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 J. Smith

#343

WALTER
Brick
(Demo)LERTCH RECYCLING CO.
PO BOX 1382
732-681-0206
WALL, NEW JERSEY 07719Ticket No : 108718
Date : 2/19/15
Phone : (732)681-0206
Fax : (732)938-6362Customer: JAC10
JACOBS DEMOLITION
52 Taylor Ave.

Manasquan, NJ 08736

Truck : JAC
Material: 12 CONCRETE
Location: BR111 BRICK
\$6.00/tn

Gross:	76160	lb	Scale 1	In	11:13 am
Tare:	38900	lb	Scale 1	Out	11:21 am
Net:	39260	lb			
	18,630	tn			

Weigh Master: CIS CIS

Driver: *[Signature]*

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 1382
732-681-0206
WALL, NEW JERSEY 07719Ticket No : 108708
Date : 2/19/15
Phone : (732)681-0206
Fax : (732)938-6362Customer: JAC10
JACOBS DEMOLITION
52 Taylor Ave.

Manasquan, NJ 08736

Truck : JACOBS
Material: 12 CONCRETE
Location: BR111 BRICK
\$6.00/tn

Gross:	68320	lb	Scale 1	In	9:40
Tare:	36780	lb	Scale 1	Out	9:51
Net:	31560	lb			
	15780	tn			

Weigh Master: CIS CIS

Driver: *[Signature]*

Remarks: Thanks

Material \$	94.81
Delivery \$	0.01
Misc \$	0.01
Tax \$	0.01
Total \$	94.84
Received \$	94.84

#343

WALTER RD.
Brick
(Demo)LERTCH RECYCLING CO.
PO BOX 1382
732-881-0206
WALL, NEW JERSEY 07719Ticket No: 109732
Date: 2/19/15
Phone: (732)881-0206
Fax: (732)838-8362Customer: JAC10
JACOBS DEMOLITION
52 Taylor Ave.

Manasquan, NJ 08735

Truck: JAC
Material: 12 CONCRETE
Location: BRI11 BRICK
\$8.00/tnGross: 68500 lb Scale 1 In 1:42 p
Tare: 37180 lb Scale 1 Out 1:47 p
Net: 31340 lb
15.870 tn

Weigh Master: CIS CIS

Driver:

Remarks: Thanks

Material \$ 94.02
Delivery \$ 0.00
Misc \$ 0.00
Tax \$ 0.00
Total \$ 94.02
Received \$ 94.02LERTCH RECYCLING CO.
PO BOX 1382
732-881-0206
WALL, NEW JERSEY 07719Ticket No: 109716
Date: 2/19/15
Phone: (732)881-0206
Fax: (732)838-8362Customer: JAC10
JACOBS DEMOLITION
52 Taylor Ave.

Manasquan, NJ 08735

Truck: JAC
Material: 12 CONCRETE
Location: BRI11 BRICK
\$8.00/tnGross: 79600 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:

Remarks: Thanks

Material \$ 111.80
Delivery \$ 0.00
Misc \$ 0.00
Tax \$ 0.00
Total \$ 111.80
Received \$ 111.80

LERTCH RECYCLING CO.
PO BOX 1362
732-881-0208
WALL, NEW JERSEY 07718

Ticket No : 108725
Date : 2/18/15
Phone : (732)881-0208
Fax : (732)885-8362

Customer: JAC10
JACOBS DEMOLITION
52 Taylor Ave.

Manasquan, NJ 08736

Truck :	JACOB	Gross:	82480	lb	Scale 1	In	12:14
Material:	12 CONCRETE	Tare:	32790	lb	Scale 1	Out	12:24
Location:	BRI11 BRICK	Net:	30080	lb			
\$6.00/tn			18.340	tn			

Weigh Master: CIS CIS

Driver:

Remarks: Thanks

Material \$	110.00
Delivery \$	0.00
Misc \$	0.00
Tax \$	0.00
Total \$	110.00
Received \$	110.00

LERTCH RECYCLING CO.
PO BOX 1362
732-881-0208
WALL, NEW JERSEY 07718

Ticket No : 108728
Date : 2/19/15
Phone : (732)881-0208
Fax : (732)885-8362

Customer: JAC10
JACOBS DEMOLITION
52 Taylor Ave.

Manasquan, NJ 08736

Truck :	JAC	Gross:	80040	lb	Scale 1	In	
Material:	12 CONCRETE	Tare:	33480	lb	Scale 1	Out	
Location:	BRI11 BRICK	Net:	26560	lb			
\$6.00/tn			13.280	tn			

Weigh Master: CIS CIS

Driver:

Remarks: Thanks

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

LERTCH RECYCLING CO.
PO BOX 1362
732-861-0208
WALL, NEW JERSEY 07718

Ticket No : 109722
Date : 2/18/15
Phone : (732)861-0208
Fax : (732)868-8362

Customer: JACOBS
JACOBS DEMOLITION
52 Taylor Ave.

Manasquan, NJ 08738

Truck : JAC
Material: 12 CONCRETE
Location: BR11 BRICK
\$8.00/tn

Gross:	58840	lb	Scale 1	In
Tare:	32000	lb	MAN W/T	Out
Net:	30840	lb		
	15.320	tn		

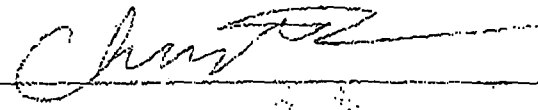
Weigh Master: CIS CIS

Driver:

Remarks: Thanks

Material \$
Delivery \$
Misc \$
Tax \$

Total \$
Received \$



LERTCH RECYCLING CO.
PO BOX 1362
732-861-0208
WALL, NEW JERSEY 07718

Ticket No : 109718
Date : 2/18/15
Phone : (732)861-0208
Fax : (732)868-8362

Customer: JACOBS
JACOBS DEMOLITION
52 Taylor Ave.

Manasquan, NJ 08738

Truck : JACOBS
Material: 12 CONCRETE
Location: BR11 BRICK
\$8.00/tn

Gross:	74860	lb	Scale :
Tare:	39000	lb	MAN W/T
Net:	35860	lb	
	17.640	tn	

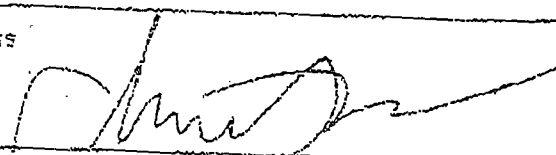
Weigh Master: CIS CIS

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 Contractor JACOBS DEMOLITION
Address 52 TAYLOR AVENUE MANASQUAN NJ 08736
Owner in Fee MERIDIAN HEALTH REALTY
81 DAVIS AVE STE 1 NEPTUNE NJ 07753 Telephone: (732) 528-3800
Lic. No. or Bldrs. Reg. No. 13VH02503900
Telephone: (732) 776-3870 Federal Employee No. _____

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:

DEMOLITION SINGLE FAMILY DWELLING

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 \$20,340

Construction Official

Date

David Newman 2/5/15

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 \$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

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.

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 144 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

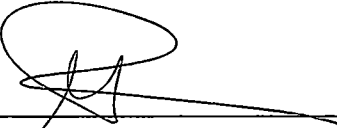
Party responsible for removal: Jacobs Demolition

Dumpster Size: 40 yard

Destination of Debris: Mazzia 3230 Shaft 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/permitted 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

IT AN
ECTRICIAN'S
PLUMBER'S
ENSE

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

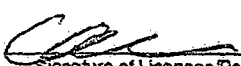
FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

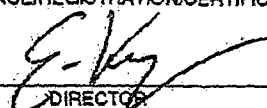
New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Jacobs Demolition & Carting LLC
Home Improvement Contractor

LICENSE
OR PLUMBER'S
ELECTRICIAN'S
NOT AN
10/30/2013 TO 12/31/2014
VALID
SIGNATURE
DIRECTOR
13VH02503900
Licensee/Registration/Certificate #

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

13VH02503900
LICENSE/REGISTRATION/CERTIFICATION #


Signature of Licensee/Registrant/Certificate Holder


DIRECTOR

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.

Jul. 7. 2014 1:08PM First Energy

No. 5927 P. 1/1



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,

A handwritten signature in black ink, appearing to read "Danielle M. Larsen". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Danielle M. Larsen
Distribution Specialist

DML/bmc



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



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

JAMES F. LACEY, C.P.W.M.
Executive Director

COMMISSIONERS

GEORGE CEVASCO
Chairman

JAMES FOZMAN
Vice Chairman

JAMES C. BAYARD
Secretary

ALLAN E. CARTINE
Treasurer

THOMAS C. CURTIS
Asst. Secretary/Treasurer

ALTERNATES

EDWARD J. MCBRIDE
STACY OLSEN

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

Customer accounts representative

January 15, 2015

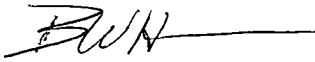
Township of Brick
401 Chambersbridge Road
Brick, NJ 08724

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,

A handwritten signature in black ink, appearing to read "BWH", followed by a horizontal line extending to the right.

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

