

BLOCK 1205.01 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 1010 Falkenberg Rd. PERMIT NO. 13-0482



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1010 Falkenberg Rd
2. Name of Owner in Fee: Diana Richardson Tel. (732) 278-6966
Address same street municipality zip code
3. Ownership in Fee: Public _____ Private Certified Environmental
4. Principal Contractor: 520 New Egypt Rd Lakewood, NJ 08701
Address FID # 20-1093424 DEP # US 243905
License No. OR, if new home, Builder Reg. No. 732-534-4892 FAX 732-534-4893
Federal Employee No. DATE 19760218700 FAX: ()
5. Architect or Engineer _____ Tel. ()
Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Peter Hardy
Tel. (732) 534 4892 FAX: ()

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. Construction Classification	
7. Total Land Area Disturbed	sq. ft.
8. Flood Hazard Zone	
9. Base Flood Elevation	ft.
10. Wetlands	yes _____ no _____
11. Max. Live Load	
12. Max. Occupancy Load	

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☒ Fire Protection	<u>1500-</u>					<u>1/2/13</u>			
6. ☐ Plumbing ☐ Mechanical									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	<u>1500-</u>								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1) IBC 2009 NJ
2. ☐ Multi-Family (R-2) IBC 2009 NJ
3. ☐ Two-Family (R-3) IBC 2009 NJ
4. ☐ Two-Family (R-5) IRC 2009 NJ
5. ☐ One-Family (R-3) IBC 2009 NJ
6. ☐ One-Family (R-5) IRC 2009 NJ

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change In Use Group, Indicate Former:



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 03/25/2013
Control Number C-13-000543
Permit Number 13-0482
Permit Issue Date 01/29/2013
Certificate Number 13-0482

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1010 FALKENBURG RD Brick Township, NJ Block: 1205.01 Lot: 1 Qual: _____
Owner in Fee: RICHARDSON, T. GREGG & DIANA
Owner Address: 207 PAGE DR. BRICK NJ 08724
Telephone: _____
Contractor CERTIFIED ENVIRONMENTAL CONTRACTORS
Address 520 NEW EGYPT ROAD LAKEWOOD NJ 08701
Telephone: (732) 534-4892 Fax: (732) 534-4893
License Number or Builders Registration Number: us243905 Federal Emp. Number: 20-1093424

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U 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

Fee: \$0.00
Check Number: _____
Collected By: _____



CONSTRUCTION PERMIT

Date Issued _____
Control # C-13-000543
Permit # 13-0482

1/23/13 Peter

IDENTIFICATION Block: 1205.01 Lot: 1 Qualifier _____
Work Site Location: 1010 FALKENBURG RD Brick Township, NJ Contractor CERTIFIED ENVIRONMENTAL CONTRACTORS
Owner in Fee RICHARDSON, T. GREGG & DIANA Address 520 NEW EGYPT ROAD LAKEWOOD NJ 08701
207 PAGE DR. BRICK NJ 08724 Telephone: (732) 534-4892
Telephone: _____ Lic. No. or Bldrs. Reg. No. us243905
Federal Employee No. 20-1093424

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 \$1,500

Construction Official _____

Date 1/29/13

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	\$140
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	\$0
Other	\$0
Total	\$140
Check No.	_____
Cash	\$0
Credit	\$0
Collected By	_____

20480

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: sludge receipts and tank disposal receipts necessary for final inspection and certificate of approval.

- ☒ 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.



FIRE PROTECTION SUBCODE TECHNICAL SECTION



PERMITS OWNERSHIP

~~PERMITS~~

~~Bayville, NJ 08007-21~~

Date Received
Control #

1/29/13

Date Issued
Permit #

13-0482

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

Block 1205.01 Lot 1 Qualification Code _____

Work Site Location 1010 Falkenberg

Owner in Fee: Diana R. Richardson

Tel. (734) 278 6966 e-mail _____

Address _____

Contractor: _____

Address _____

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

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

Fire Alarm Contractor No. _____

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

Federal Emp. ID No. _____ FAX: (_____) _____

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

OR [] Conversion or [] Replacement Location of Panel: _____

Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: _____

Other _____ Location of Main Control Valve: _____

Location: _____

Total Cost of Fire Protection Work \$ 1560.-

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. _____

[] Certified Contractor _____

[] Signature/Contractor's Signature _____

[] Exempt Applicant _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 2 - UST Removals

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

NUMBER _____ FEE (Office Use Only) _____

[] System _____

[] 110v Interconnected _____

[] CO Detectors/110v _____

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

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

Signaling Devices (i.e., horn/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 _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION



Certifies That

CERTIFIED ENVIRONMENTAL CONTRACTORS LLC
520 NEW EGYPT RD
Lakewood, NJ 08701

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
SUBSURFACE EVALUATION
TANK TESTING

12/31/2013
EXPIRATION DATE

US243905
CERTIFICATION NUMBER

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

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

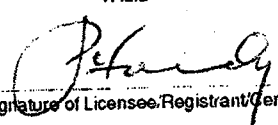
HAS REGISTERED

Certified Environmental Contractors, LLC
548 Main Avenue
Bay Head NJ 08742

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

11/03/2011 TO 12/31/2012
VALID

13VH02010700
LICENSE/REGISTRATION/CERTIFICATION #


Signature of Licensee/Registrant/Certificate Holder


DIRECTOR

TANK ABATEMENT OR ASBESTOS NOTIFICATION

DATE: January 22, 2013

PROJECT: 1010 Falkenberg

STREET: 1010 Falkenberg

CONTRACTOR: Certified Enviro LICENSE NO. DC413VH02010700

ADDRESS: 520 New Egypt Rd Lakewood

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

MAILING ADDRESS: _____

OSHA AIR MONITOR: N/A

ADDRESS: _____

BUILDING OWNER: Diana Richardson

MAILING ADDRESS: 1010 Falkenberg

PHONE: 732-278-6966

ENGINEER/ARCHITECT: _____

MAILING ADDRESS: _____

PHONE: _____

WASTE HAULER: Certified Enviro LICENSE NO.: SL0

LAND FILL: N/A

TOWN: _____

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

QUANTITY OF WASTE GENERATED: _____ CU YARDS _____

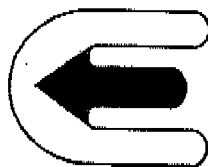
LINEAR FOOTAGE: _____

SQUARE FOOTAGE: _____

PROPOSED START DATE: _____ PROPOSED FINISH DATE: _____

COST OF WORK: \$ 1500

CONSTRUCTION PERMIT # _____ DATE: _____

**Certified Environmental Contractors, LLC**

520 New Egypt Rd. Lakewood, NJ 08701

732-534-4892 fax 732-534-4893

Email plordy@certifiedenviro.com

NJDEP Reg. & Lic. # 207264

Certification # US243905

Township of Brick
500 Herbertsville Rd
Brick, NJ 08724

Attn Fire Prevention/Protection Inspector
FAX 732-458-4153

#

RE; 1010 FALKENBERG RD. - Block 1205.01 Lot 1
Permit # 13-0482

ust removal

March 11, 2013

Dear Sir,

Please accept the enclosed documentation for closure of the above captioned permit for Oil tank removal. Enclosed are the disposal receipts for sludge and the cleaned tank.

Should you have any questions please contact me at 732-312-2377.

Respectfully,

Peter Lordy

Certified Environmental Contractors
NJDEP License # 207264

Phone: 732 938-5331

Fax: 732 919-1912

Purchase Ticket
John Blewett Inc246 Herbertsville Rd
Howell, NJ 077313265
CERTIFIED ENVIRONMENTAL

March 08, 2013

Ticket# 293731

Weight 340

Total \$40.80

Driver:

Description: BLACK F150

Notes:

Truck#:

Container In:

Other:

Container Out:

Vehicle Tag: VGP62Y

Retail Ticket - Number: 293731

<u>Commodity</u>	<u>Gross</u>	<u>Tare</u>	<u>Tare2</u>	<u>Deduct</u>	<u>Net</u> <u>UM</u>	<u>Price</u>	<u>Total</u>
#1 STEEL-OIL TANK 2	6,440	6,100			340 C	12.0000	40.80
					340		40.80

**Certified Environmental Contractors, LLC**

520 New Egypt Road Lakewood, New Jersey 08701

732-534-4892 fax 732-534-4893

Email certifiedenviro@aol.com

NJDEP Reg. # 207264

Certification # US243905

DCA Registration # 13VH02010700

Minimum Quantity Sludge Disposal

Certified Environmental Contractors, LLC uses the services of Charlie's Oil Recovery Services, Inc. of Lakehurst, NJ, NJD 982789810, NJDEPE Approval # 50101 for waste oil disposal. Charlie's Oil Recovery service will pump out oil tanks and provide a manifest for disposal.

Certified Environmental also collects sludge bottoms and co-mingle those bottoms for later collection by Charlie's Oil Recovery Service, Lakehurst, NJ, Lorco Petroleum Services Elizabeth, NJ, And Monarch Environmental Services 108 East Lake Rd., Woodstown, NJ 08098. As such, when an oil tank contains a small amount of oil, usually less than 15 gallons, that material is co-mingled for later collection.

Waste material is always collected under a NJDEP manifest for co-mingled waste oil.

Certified Environmental Contractors presents this document as our certification of proper disposal according to N.J.A.C 7: 14 & 7: 26.

Thank you,

Peter Lordy

NJDEP License # 207264

Owner

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 _____

Address _____

Telephone (_____) _____

Signature _____

Certified Environmental
520 New Egypt Rd Lakewood, NJ 08701
FID # 20-1093424 DEP # LIS 243905
732-534-4892 FAX 732-534-4893
DCA# 13VH02010700

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

2/22/13

USUO 21 Tents
2

Need Tent / Sluzy

Destination

Receipts

wey



(F) Tech Back