BLOCK 1205.01 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 1010 Falkenburg Rd PERMIT NO. 13-0676

Brick

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-13-000632

I. IDENTIFICATION

1. Proposed Work Site at: 1010 Falkenburg Road
2. Name of Owner in Fee: Diana Richardson
   Tel. (732) 840-0643 e-mail _____
   Address 207 Page Dr (street) Brick (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Dover Gutter Tel. (732) 349-1557
   Address 23a Dover Rd e-mail _____
   So Toms River NJ 08757
   License No. OR, if new home, Builder Reg. No. 90666 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 210623744 FAX: ( ) _____ ✓
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Casey Boynton
   Tel. (732) 349-1557 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	50- ✓	
2. Electrical		55- ✓	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		2-	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	107-	

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		CR 1-29-13							
☐ Electrical									
☑ Plumbing	750				2-5-13	JR			
☑ Fire Protection	750				2/7/13	RD			
☐ Elevator		Emp Exempt			2/14/13	EC			
TOTAL COST	1500								

Install Roth AST (400 Gallons)

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 7/18/2017
Control Number C-13-000632
Permit Number 13-0676
Permit Issue Date 2/11/2013
Certificate Number 13-0676

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: (732) 840-0643

Contractor DOVER OIL COMPANY

Address 239 DOVER RD SO TOMS RIVER NJ 08757-

Telephone: (732) 349-1551 Fax: (732) 286-1693

License Number or Builders Registration Number: 19HC00076600 13VH01811100 Federal Emp. Number: 21-0023744

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 INSTALLATION

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:

Date Printed: 7/18/2017

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

2/11/13 Oil Charge

2/11/13

CONSTRUCTION PERMIT

Date Issued 2/11/13
Control # C-13-000632
Permit # 13-0676

IDENTIFICATION Block: 1205.01 Lot: 1 Qualifier

Work Site Location: 1010 FALKENBURG RD Brick Township, NJ

Contractor: DOVER OIL COMPANY
Address: 239 DOVER RD SO TOMS RIVER NJ 08757-

Owner in Fee: RICHARDSON, T. GREGG & DIANA
207 PAGE DR. BRICK NJ 08724

Telephone: (732) 349-1551
Lic. No. or Bldrs. Reg. No. 13VH01811100
Telephone: (732) 840-0643
Federal Employee. No. 21-0023744

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 INSTALLATION

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$0
Plumbing	$50
Fire Protection	$55
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$107
Check No.	038332
Cash	$0
Credit	$0
Collected By	

150
157

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 $1,500

Daniel Newman Jr.
Construction Official

Date 2/11/13

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.

☑ 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.

02/11/13 PM 0015580492
0002 SERV. 002
H0676
$50.00
$55.00
DCA $2.00
$107.00

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.

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 Doverall Co

Address 253a Dover Rd

Toms River NJ 08757

Telephone (732) 349 1551

Signature Casey Poynton

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

RECEIVING CLERK CR
DATE REC'D 1-29-13

ZONING PERMIT APPLICATION

PERMIT #
DATE ISSUED

BLOCK: 1205.01 LOT: 1 QUALIFIER: — SITE ADDRESS: 1010 Falkenburg Rd

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Diana Richardson
COMPLETE ADDRESS: 207 Page Dr Brick NJ 08724
PHONE # 732-840-0643 EMAIL: —

2. NAME OF APPLICANT: Dover Oil Co
APPLICANT ADDRESS: 230 Dover Rd So Toms River NJ 08757
PHONE # 732 349 1551 EMAIL: —

3. RESPONSIBLE PERSON FOR WORK: Casey Boynton
PHONE# 732 349 1551 FAX#

4. SIGNATURE OF APPLICANT: Casey Boynton

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50.00
OTHER: $
TOTAL: $

REQUIRED BY APPLICANT

RESIDENTIAL: —
COMMERCIAL: ✓
EXISTING USE: Richardson Kennels
PROPOSED USE Richardson Kennels

BOARD APPROVAL: — PB — ZB
RESOLUTION#:
APPROVAL DATE:

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: *ADDITION *ALTERATION X *PORCH *DECK

POOL: ABOVE GROUND IN GROUND FENCE: HEIGHT TYPE

HEIGHT: (*APPLICABLE)

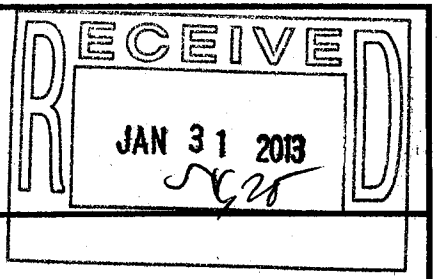
OTHER

DESCRIPTION: Roth model above ground oil Tank. 270 gallon

ZONING REVIEW:
DATE REVIEWED: 1-31-13 DATE DENIED: — DATE APPROVED: 1-31-13 INTLS: JGT

(SEE BACK PAGE)

OFFICE USE ONLY



ZONING REVIEW:

DATE REVIEWED: 1-31-13 DATE DENIED: — DATE APPROVED: 1-31-13 INTLS: VG2

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-13-00050
Application Date: 01/31/2013
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **1010 FALKENBURG RD**
Laurelton
Brick Township, NJ 08724

Block: **1205.01**
Lot: **1**
Qualifier:
Zone: **B-3**

Owner: **RICHARDSON, T. GREGG & DIANA**
Address: **207 PAGE DR.**
BRICK, NJ 08724

Applicant: **Casey Boyton; Dover Oil Compnay**
Address: **239 Dover Road**
South Toms River, NJ 08757

Application Approved Date: 01/31/2013

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Commercial & Residential -Richardson Veterinary Hospital.
Nonconforming Use is:

Work Description:
Above-ground Oil Storage Tank - Roth model, 275 gallons.
Replacement.

The tank must be set back at least 50 feet from the property line at Page Drive.

Upon review it was determined that the Development Application:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Sean Kinney, Zoning Officer — 01/31/2013 Date

Michael P. Fowler, Township Planner — 2/1/13 **Date**

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 2/11/13

Date Issued / Permit # 13-0676

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

Block 120501 Lot 1 Qualification Code

Work Site Location 1010 Faekenburg Rd Brick NJ 08724

Owner in Fee: Diana Richardson

Tel. 732 840 0643 e-mail

Address 207 Page Dr Brick NJ 08724 (street / municipality / zip code)

Contractor: Dover Oil Co Tel. 732 349 1851

Address 1321 Dover Rd e-mail Toms River NJ 08757

Contractor License No. 9066 Exp. Date

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

Federal Emp. ID No. 210623744 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 750-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2-5-13
Approved by: JW

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 2/18/13
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			04/04/13	PA

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: Casey Boynton

Print name here: Casey Boynton

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install Roth AST (400 Gallons)

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
1	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

U.C.C. F130HB3 (rev. 11/09)

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

1 White = Inspector Copy 2 Canary = Office Copy 3 Tag = Office / Other

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 2/11/13

Date Issued / Permit # 13-0676

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 _____ Qualification Code _____

Work Site Location 1010 Fackenburg Rd Brick NJ 08724

Owner in Fee: Diana Richardson

Tel. (732) 840-0643 e-mail _____

Address 207 Page Dr (street) Brick (municipality) NJ (zip code)

Contractor: Doverollo Tel. (732) 349-1557

Address 939 Dover Rd 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. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 9066

Federal Emp. ID No. 216237144 FAX: ( ) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

Location: _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

Total Cost of Fire Protection Work $ 750

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's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install Roth AST (400 Gallons)

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, 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		
CO_2 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 $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[X] Fire Protection Plans Approved

Date: 2/7/13 Approved by: NSU

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 2-7-13

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

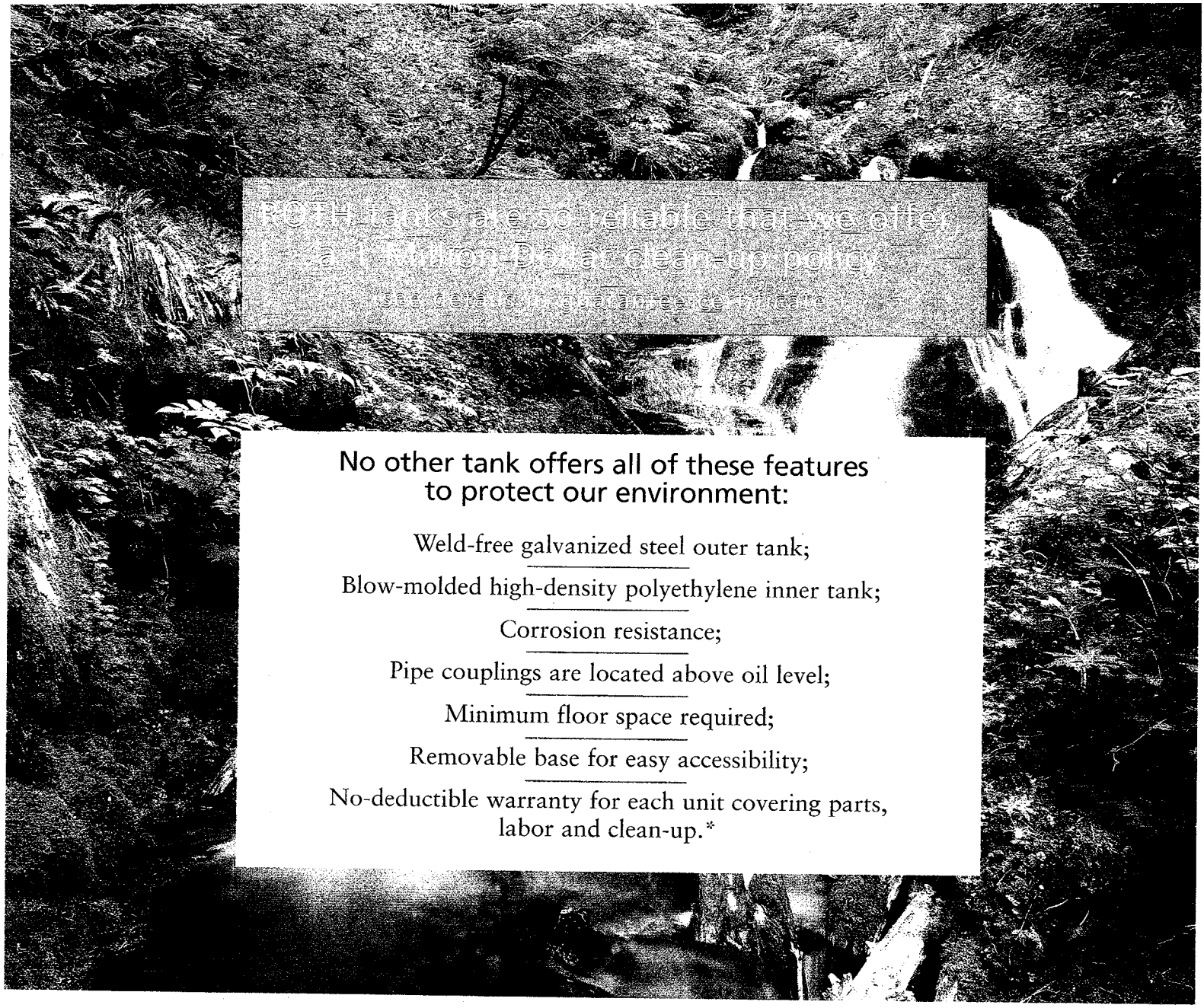
[ ] CO [ ] CCO [ ] CA

Date: 2-26-13

Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			2/26/13	NSU
Other Alarms			2/7/13	NSU

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



Roth tanks are so reliable that we offer a 1 Million Dollar clean-up policy.

See details in guarantee certificate.

No other tank offers all of these features to protect our environment:

Weld-free galvanized steel outer tank;

Blow-molded high-density polyethylene inner tank;

Corrosion resistance;

Pipe couplings are located above oil level;

Minimum floor space required;

Removable base for easy accessibility;

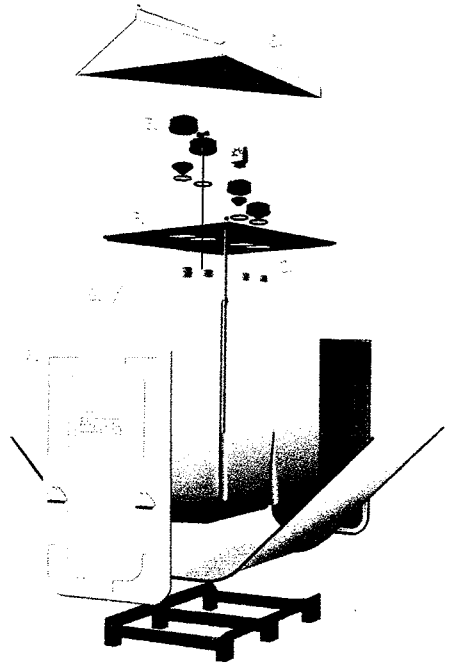
No-deductible warranty for each unit covering parts, labor and clean-up.*

FEATURES

A. Weld-free galvanized steel outer tank capable of holding 110% of the inner tank.
B. Seamless high-density polyethylene inner tank.
C. Highly visible optical leak alarm.
D. 55% lighter than a 12-gauge steel tank with a larger storage capacity.
E. Corrosion resistant steel filling system and external 2" thread, allowing for an even level in each tank when installed in groups.
F. Burner feeding system consisting of a fusible link valve and check valve incorporated with supply and return port when using the optional Roth suction assembly.
G. Cover for outside use.

Roth Double Wall tanks are available in five sizes for storing domestic heating oil and diesel, the 400L (110 gallon), the 620L (165 gallon), the 1000L (275 gallon), the 1000LH (275 gallon) and the 1500L (400 gallon).

Each can be installed alone or in groups of up to five tanks, depending on tank size and local codes, with common filling and venting pipes for supplying the central heating system.



BECAUSE YOU HAVE EVERY REASON TO INSIST ON MORE, ROTH IS AN INNOVATOR THAT ALWAYS GIVES YOU MORE.

More for the Environment

ROTH double-wall tanks are designed to offer the highest level of environmental protection.

*Avoid oil spills and leaks caused by defective pipes, couplings or fittings which are located underneath the tank.**

Every inner ROTH tank is made of blow-molded, high-density polyethylene that is seamless and absolutely leak-proof and corrosion-resistant. In addition, ROTH tanks feature top connections to ensure the oil stays where it should.

The outer tank is made of leak-proof corrosion resistant steel which is capable of containing at least 110% of the capacity of the inner tank for maximum protection.

More for your Safety

ROTH tanks are completely rust-free, inside and out.

*Minimize the potential dangers and disasters of oil spills and leaks caused by corrosion.**

The outer tank is made of galvanized steel, rollseamed (no welds) with an oil and fire resistant seal, making it one of the safest and most reliable tanks on the market.

ROTH uses state-of-the-art technology to ensure maximum storage safety and minimum space requirements.

More Quality

At ROTH, we refuse to compromise on material or construction.

*Forget about the problems of oil odors and the dangers of oil leaks.**

ROTH tanks meet the strictest European safety standards and exceed the most recent industry safety regulations.

Quality control of our finished products is carried out according to ISO 9001 standards, ensuring consistently superior quality. Each tank undergoes thorough testing, including ultrasound tests to ensure optimal thickness of plastic and pressure testing to ensure the tank is sealed completely. ROTH tanks can be used for heating oil or diesel fuel.

More than 3 million tanks have been installed

Since 1971, more than 3 million ROTH tanks have been installed in Europe and North America.

*No more purchasing a new tank every 10 years.**

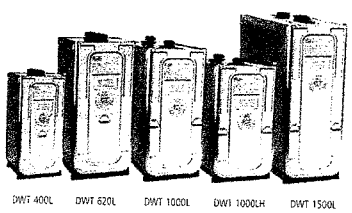
ROTH tanks last longer than ever before due to the outstanding quality and the unbeatable guarantee. That is why ROTH tanks enjoy such an enviable reputation.

*** Subject to limitations and conditions described in the guarantee certificate, available upon request.**

INSTALLATION OF TANKS IS FASTER AND EASIER THAN EVER.

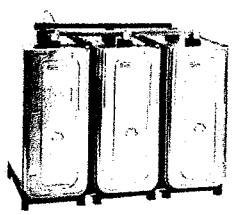
- Up to 50% lighter than conventional steel tanks.
- Wide handles on each end facilitate transport and handling.
- Removable base facilitates access to tight spaces and offers greater stability.
- Compact and economical design. (8 sq. ft. for 1000 L).
- The only tanks on the market with no fittings below the oil line.
- Unique expansion system ensures increased storage capacity and faster, easier fill-ups.
- Completely sealed, every one of our tanks is pressure tested and meets ISO 9001 quality control standards.

Dimensions for individual tanks



Tank Model	DWT 400L	DWT 620L	DWT 1000L	DWT 1000LH	DWT 1500L
Nom. Capacity US gal (liters)	110 (400)	165 (620)	275 (1000)	275 (1000)	400 (1500)
Length inches (cm)	29 (74)	29 (74)	43 (110)	51 (130)	64 (163)
Width inches (cm)	28 (72)	28 (72)	28 (72)	30 (76)	30 (77)
Height Inches (cm)	44 (112)	61 (155)	61 (155)	54 (137)	68 (173)
Min Height Req'd inches (cm)	49 (125)	66 (168)	66 (168)	60 (152)	76 (193)
Tank Weight lbs. (kg)	106 (48)	132 (60)	167 (76)	208 (94)	333 (151)
Shipping Weight lbs. (kg)	115 (52)	143 (65)	185 (84)	230 (104)	358 (162)

Approximative Footprint for Multiple DWT Installations



Tank Model	DWT 400L	DWT 620L	DWT 1000L	DWT 1000LH	DWT 1500L
2 Tanks (Side by Side)	29 x 60 (74 x 152)	29 x 60 (74 x 152)	43 x 60 (110 x 152)	51 x 63 (130 x 160)	64 x 63 (163 x 160)
3 Tanks (Side by Side)	29 x 92 (74 x 234)	29 x 92 (74 x 234)	43 x 92 (110 x 234)	51 x 96 (130 x 244)	64 x 96 (163 x 244)
4 Tanks (Side by Side)	29 x 124 (74 x 315)	29 x 124 (74 x 315)	43 x 124 (110 x 315)	51 x 129 (130 x 328)	N/A
5 Tanks (Side by Side)	29 x 156 (74 x 397)	29 x 156 (74 x 397)	43 x 156 (110 x 397)	51 x 162 (130 x 411)	N/A
2 Tanks (End to End)	N/A	N/A	28 x 90 (72 x 229)	N/A	N/A

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

Dover Oil Company
Susan Boynton
239 Dover Road
Toms River NJ 08757

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

12/17/2012 TO 12/31/2013
VALID

13VH01811100
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Dover Oil Company
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

12/17/2012 TO 12/31/2013
VALID

SIGNATURE

13VH01811100
License/Registration/Certificate #

ACTING 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

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 1205, 01 LOT: 1 ADDRESS: or 1010 Falkenburg

IDENTIFICATION:

1. WORK SITE ADDRESS: 1010 Falkenburg Rd
2. NAME OF OWNER IN FEE: Diana Richardson

   ADDRESS: 207 Page Dr. Brick PHONE #: (732) 349 1551

   _____ FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Dover oil

   ADDRESS: 239 Dover Rd PHONE #: (732) 349 1551

   TR 08753 FAX #: (__) _____
4. ARCHITECT OR ENGINEER: —

   ADDRESS: — PHONE: # (__) _____
5. RESPONSIBLE PERSON FOR WORK: Dover oil

   ADDRESS: Same

PHONE #: (__) Same FAX #: (__) _____ E-MAIL: _____

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☐ OTHER _____

LENGTH: _____ WIDTH: _____ HEIGHT: _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____