BLOCK 1205.01 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 1010 Falkenburg Dr PERMIT NO. 99-2516

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1010 Falkenburg rd
2. Name of Owner in Fee: Greg Richardson Tel. ( ) 840-0643
   Address 1010 Falkenburg rd (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: RHI Professional Const Inc Tel. (732) 920-3008
   Address 924 Wabash Ave Brick
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-3629221 FAX: (732) 920-5911
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work Robert Klaus
   Tel. (609) 267-0232 FAX (732) 920 5911

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. DCA Training 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	

Demo Garage

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
~~1. ☑ Minor Work~~	~~2000.~~						9/8/99		✓
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☑ Demolition	2000								
TOTAL COSTS	2000								

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

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:

LDS BR 10414118

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(e)1.vii:

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. 5:32-2.15(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 RHI Professional Contractors Inc.

Address 972 Wabash Ave

Brick NJ 08723

Telephone (732) 920-7008

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		**Name of Code & Edition**			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/07/99
Control #
Permit # 99-2816

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 1205.01 Lot 1 Qual
Work Site Location 1010 FALKENBURG RD
DEMO GARAGE
Owner in Fee/Occupant RICHARDSON, CREF
Address SAME
BRICK, NJ 08724-
Telephone (732)840-0643
Contractor RMI PROFESSIONALS
Address 972 WABASH AVE
BRICK, NJ 08723-
Telephone (732)920-3008 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3629221

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group U
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use.

DEMO OF DETATCHED GARAGE

[ ] 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.

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE – LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ___.

J. Cuciazza
CONSTRUCTION OFFICIAL
U.C.C. 5203 (rev. 3/96)

Fee $ 0
Paid [X] Check No. Cash
Collected by: MM

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/28/99
Date Issued 07/28/99
Control #
Permit # 99-2816

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 Qual
Work Site Location 1010 FALKENBURG RD
DEMO GARAGE
Owner in Fee RICHARDSON, GREF
Address SAME
BRICK, NJ 08724-
Tele.(732)840-0643
Contractor RHI PROFESSIONALS
Address 972 WABASH AVE
BRICK, NJ 08723-
Tele.(732)920-3008 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3629221

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.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

DEMO OF DETATCHED GARAGE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			BarrierFree				
Joint Plan Review Required:			Insulation				
[ ] Elect [ ] Plumb [ ] Fire			Finishes				
SUBCODE APPROVAL [ ] Elev			Energy				
[ ] CO [ ] CCO [X] CA			Mechanical				
Date: 9-29-99			TCO				
Approved By:			~~Other~~				
			Final				
			BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 500
3. Total (1+2) $ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[X] Other DEMO	35
Other	0
[ ] Demolition	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

U.C.C. F110 (rev. 3/96)

FACILITY ID No. 15188
Ticket #: 000287618
Date : 08/14/99

..., INC.

...OOD NJ 08701

Gross 61240 lb Scale 1 09:56
Tare 38840 lb Scale 2 10:18
Net 22400 lb
11.2000 tn

Dep.#: 18186A1 Plate #: X63-B61 ROLLOFF 30 CU YDS

Vol	Load Material	Location	Price/Unit	Total
132	BULKY - DEMO WOOD	BRICK TWP	63.27/tn	708.62

Current Account Balance: $ 3769.47 Total $ 708.62

DRIVER

Weigh Master: LM

REMARKS:

Closure & Contingency:	$0.50/tn	Environmental Escrow- Type 10:	$14.92/tn
Solid Waste Service :	$1.20/tn	-Types 13, 22, 23, 25:	$23.19/tn
Closure Escrow :	$1.00/tn	Post Closure Fund :	$ 0.62/tn
O.C. Health Dept. :	$0.29/tn	Host Community Fund	$ 4.50/tn

1010 Falkinburg Dr

B 1205.01 L 1

Per. 99-2816

14144

East Coast Carting Inc.
P.O. Box 1601
Lakewood, New Jersey 08701
732-367-1444 - Fax 732-367-6171

Date 8/11/99

Name [illegible]

Address 1010 Folkmanhurst

Brick

Truck # 41

Container# _____

Driver [illegible]

☑ Deliver ☐ Pick-Up Return ☐ Pick-Up No Return

DO NOT OVERLOAD CONTAINER
CUSTOMER RESPONSIBLE FOR OVERWEIGHT VIOLATIONS

_____ 10 Yard Rolloff Cont. _____ 20 Yard Rolloff Cont.

✓ 30 Yard Rolloff Cont. _____ 40 Yard Comp.

_____ Load Quantity

X [illegible]
Authorized Signature

Do not load container past natural sides. East Coast Carting Inc. is not responsible for any damages resulting from the delivery or pick-up of the container.

FACILITY ID No. 15188
Ticket #: 000287618
Date : 08/11/99

lb Scale 1 09:56
lb Scale 2 10:18

lb
tn

30 CU YDS

Price/Unit	Tota
63.27/tn	708.(

Total $ 708.6

Escrow Type 10:	$14.92/tn
13, 22, 23, 25:	$23.19/tn
Fund :	$ 0.62/tn
Fund	$ 1.50/tn

INVOICE NUMBER		DESCRIPTION OF SERVICES	UNIT PRICE	TOTAL
		BALANCE FORWARD		236.6
-2/99	10015005PPP	CHECK #6255		-236.6
04/22/99	10015005		0.00	0.0
08/14/99	10015005OCL	11.2 Tonnage	56.07	627.9
08/14/99	10015005LCC	LANDFILL CLOSURE & CONTIG.		16.8
08/14/99	10015005SLT	SOLID WASTE TAX		13.4
08/14/99	10015005HOS	HOST COMMUNITY TAX		50.4
08/14/99	10015005RH1	1.0 Transportation - Ticket #14184,14144	150.00	150.0
08/14/99	10015005RH1	1.0 1 - 20YD (Concrete) Ticket #14185,14149	225.00	225.0

CURRENT	30 DAYS	60 DAYS	90 DAYS	AMOUNT DUE
1083.62	0.00	0.00	0.00	1083.62

EAST COAST CARTING INC.
Ph. (732) 367-1444 • Fax (732) 367-6171

CUSTOMER

Thank You

...damages resulting from the delivery or pickup of the container.

Site Location: 1010 Falkenburg Rd. Date Rec'd:
Block: 1004.01 Lot: 1 Date Issued:
Owner Id Fee: Richardson Veterinary Clinic Control #:
Address: 1010 Falkenburg Rd Permit #:

State: NJ Zip: 08723 Phone: (732) 840 6643
SS #: Provide only if Applicant is owner

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723

COUNTER FORM
PLEASE PRINT

BUILDING

CONTRACTOR: RHI Professional Contractors Inc
ADDRESS: 924 Walnut Ave
Brick NJ 08723
PHONE: 732 920-3008
LIC.#:
LIC. EXPIRATION DATE:
FEDERAL EMP. #: (or S.S. #): 22-3629221

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Demolish Garage

No Utilitys Involved

1-800-272-1000 DIS #
Confirmation #
992090569

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☐ Other:
- ☐ Other:
- ☐ Fence: Height (6' or More)
- ☐ Sign: Sq. Ft.
- ☐ Pool (In Ground)
- ☐ Pool (Above Ground)
- ☐ Asbestos Abatement
- ☒ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work: 2000.
New Building (1): $
Alteration (2): $
TOTAL (1+2): $ 2000.
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐

Approved by:

Date:

ELECTRICAL

CONTRACTOR:
ADDRESS:
PHONE:
LIC.#: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES).

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Exact HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		
TOTAL NUMBERS		
Pool Permit w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle		K
KW Oven / Surface Unit		K
KW Elec. Water Heater		K
KW Elec. Dryer / Receptacle		K
KW Dishwasher		K
HP Garbage Disposal		H
KW Central A/C Unit		K
HP/KW Space Heater/Air Handler		HP/K
KW Baseboard Heat		K
HP Motors 1/+ HP		H
KW Transformer/Generator		K
AMP Service		AM
AMP Subpanels		AM
AMP Motor Control Center		AM
AMP Elec. Sign/Outline Light		K
Other		
Other		
Other		
Other		

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

COUNTER FORM
PLEASE PRINT

PLUMBING

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

FIRE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #: EXP. DATE:
FEDERAL EMPL # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks: Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

1010 Falkenburg rd — 120.01 (Block) — 1 (Lot)
Work Site Address

Richardson Veterinary Clinic 1010 Falkenburg rd Brick
Owner's Name, Address, Phone

RHI Professional Contractors Inc 972 Wabash Ave Brick NJ 08723
Contractor's Name, Address, Phone

Construction _____
Describe type (Single -family home, etc.)

Demolition Garage Demolition wood
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material 30 yd wood
15 yd concrete Foundation

Name, address and phone of party responsible for removal of debris:
East coast carting (for wood)

Size of dumpster: 30 yd

Destination of discarded debris: OC landfill

Hauler's DEP Permit No.: _____

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin 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 or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

Robert G Williams — Signature — 7-28-99 (Date)
Printed/Typed Name

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSU

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant