



CONSTRUCTION PERMIT APPLICATION

C06-105769

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

I. IDENTIFICATION

1. Proposed Work Site at: 1596 Harvard Ave

2. Name of Owner in Fee: ANNA Connell To [Redacted]

Address 1596 HARVARD AVE BRIEN N.W. 08129

street municipality zip code

3. Ownership in fee: Public _____ Private ☒

4. Principal Contractor: OWNER Tel. 032 740 2333

Address Same

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Employee No. _____ FAX: () _____

5. Architect or Engineer _____ Tel. () _____

Address _____ Contact _____

6. Responsible Person in Charge once Work has Begun MICHAEL MULLIGAN

Tel. 032 740 2333 FAX: 032 255-1966

TANK REMOVAL

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 Fee Surcharge	\$		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

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		<u>SL</u>	<u>11/14/06</u>						
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	<u>30.00</u>								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

4. No. of dwelling units: All Units Income-restricted

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: _____

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	4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells
2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks
3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly	10. ☐ Swimming Pools, Spas and Hot Tubs
	7. ☐ Sprinklers	



CONSTRUCTION PERMIT

Date Issued 11/17/2006
Control # C-06-105769
Permit # 06-3825

IDENTIFICATION Block: 822 Lot: 29 Qualifier _____
Work Site Location: 1596 HARVARD AVE. Brick Township, NJ Contractor CONNELL, GREGORY F. & ANNA M.
Address 1596 HARVARD AVENUE BRICK NJ 08724
Owner in Fee CONNELL, GREGORY F. & ANNA M.
Address 1596 HARVARD AVENUE BRICK NJ 08724 Telephone: (732) 255-1966
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
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:

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 \$50

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 8/03)

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	_____	\$70
Elevator Devices	_____	\$0
Other	_____	\$0.00
DCA Training Fee	_____	\$0
CO Fee	_____	
Other	_____	\$0
Total	_____	\$70
Check No.	_____	999
Cash	_____	\$0
Credit	_____	\$0
Collected By	_____	Stephanie Capozzi

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.

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 Anna Connell Date 10-13-06

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 _____

Address _____

Telephone (_____) _____

Signature _____

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block 822 Lot 29 Qualification Code _____

Work Site Location 1596 HARVARD AVE BRICK N.J. 07704

Owner in Fee ANNA CORNELLE

Address same

Tel [REDACTED]

Contractor CANVER

Address same

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

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

Fire Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New or [] Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System: _____

Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing

[] Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank: _____

Fuel Type: [] Flammable or [] Combustible Capacity 225

Total Cost of Fire Protection Work \$ 5000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Building [] Plumbing

[] Electric [] Elevator

[] Fire Plans Approved

Date: 11-16-00

Approved by: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved by: _____

INSPECTIONS

Type: _____

Alarm System _____

Suppression Sys. _____

Standpipe _____

Fire Pump _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

Flam/Combust Tanks _____

Fireplace Venting _____

Final _____

Other _____

Dates (Month/Day)

Failure _____

Approval _____

Initial _____



C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent/owner of record) and am authorized to make this application. ANNA CORNELLE

Applicant's Signature/Contractor's Signature

[] Certified Contractor

[] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: TAKE REMOVAL

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks

Alarm Systems

[] System

[] 110V Interconnected

[] CO Detectors/110V

Alarm Devices (i.e., smoke, heat, pulls, waterflow)

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 _____

Other Systems

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fired Appliances [] Gas or [] Oil _____

Fireplace Venting/Metal Chimney _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

U.C.C. F140
(rev. 1/04)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

TANK ABATEMENT OR ASBESTOS NOTIFICATION

DATE: 11.13.06

PROJECT: Above Grand Tank Removal

STREET: 1596 HARVARD Ave

CONTRACTOR: OWNER LICENSE NO. _____

ADDRESS: _____

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

MAILING ADDRESS: _____

OSHA AIR MONITOR: _____

ADDRESS: _____

BUILDING OWNER: ANNA CONWELL

MAILING ADDRESS: 1596 HARVARD Ave

BRICK N.J. PHONE: 732-251-1966

ENGINEER/ARCHITECT: _____

MAILING ADDRESS: _____

PHONE: _____

WASTE HAULER: OWNER LICENSE NO.: _____

LAND FILL: MARZA RECYCLERS

TOWN: ANTWERP TOWNSHIP

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

QUANTITY OF WASTE GENERATED: _____ CU YARDS _____

1 - 225 GAL STEEL TANK LINEAR FOOTAGE: _____

(WT APART.) SQUARE FOOTAGE: _____

PROPOSED START DATE: 11.18.06 PROPOSED FINISH DATE: 11.18.06

COST OF WORK: \$ 880.00

CONSTRUCTION PERMIT # _____ DATE: _____



Tonk's

WASTE OIL SERVICE LLC

1210 Cox Cro Road
Toms River, New Jersey 08755
732/255-5757

ACCOUNT # Residential DATE 11/10/06
NAME Mulligan/Connel
ADDRESS 1596 Homestead Ave. Brick

E.P.A. N.J.D.E.P.
N.J.D. 980650261 S-7871

RETAIN COPY 3 YEARS

MANIFEST # 4779

SITE: _____

1/2" of product left in tank
paid check #813

WASTE OIL

175 GALLONS

DISPOSAL

SIGNATURE _____ \$125.00